Report Title:	Drug and Alcohol Services Recommissioning
Contains Confidential or Exempt Information	No - Part 1
Lead Member:	Councillor Carroll - Deputy Chairman of Cabinet, Adult Social Care, Children's Services, Health and Mental Health.
Meeting and Date:	Cabinet – 29th October 2021
Responsible Officer(s):	Hilary Hall - Executive Director Adults, Health and Housing Anna Richards – Consultant in Public Health
Wards affected:	All

www.rbwm.gov.uk Royal Borough of Windsor & Maidenhead

REPORT SUMMARY

The Local Authority has a responsibility under the Health and Social Care Act 2012 to improve Public Health. As part of the ring-fenced Public Health Grant, the Council receives a 'Pooled Treatment Budget' of £718,300 to provide drug and alcohol services for residents.

All existing Drug and Alcohol Service contracts end on 31st March 2022, and new services will commence delivery from 1st April 2022.

This report sets out the commissioning and procurement process, and the decision reached, following a 'Light Touch' competitive tender process, conducted between June and September 2021.

Cabinet is recommended to award the drug and alcohol contract to the Preferred Provider for a 5-year term, with the option to extend for a further two years. The provider has a strong focus on supporting opportunity in the Borough, through apprenticeships and opportunities for peer mentors and volunteers to gain skills and qualifications which increase employability.

1. DETAILS OF RECOMMENDATION

RECOMMENDATION: That Cabinet notes the report and:

i) Agrees to award the Drug and Alcohol Service Contract to the Preferred Provider.

2. REASON(S) FOR RECOMMENDATION(S) AND OPTIONS CONSIDERED

Options

Table 1: Options arising from this report

Option	Comments
Award the contract to the preferred bidder.	The new contract specification brings together the different

Option	Comments
This is the recommended option	elements involved in providing drug and alcohol services into a fully integrated model under the responsibility of one service provider.
Don't award the contract to the preferred bidder. **This is not recommended**	As the current contracts end on 31st March 2022, not awarding the contract would mean that there would be no drug and alcohol support provision in the borough from 01 April 2022

Background

2.1 The misuse of drugs and alcohol leads to a wide range of social and health issues. It can have serious consequences for individuals, their family members and whole communities including crime, domestic abuse, child abuse and neglect, family breakdown, homelessness and physical and mental health problems. Providing effective drug and alcohol services has a broader impact upon the health of individuals, families and communities, and on crime rates. Public Health England estimates suggest that the economic cost of alcohol related harm is £21.5bn, while harm from illicit drug use costs £10.7bn. Investing in drug and alcohol services is shown to offer good value for money because it cuts crime, improves health, and supports individuals and families on the road to recovery. Evidence from Public Health England shows that alcohol treatment reflects a return on investment of £3 for every £1 invested, which increases to £26 over 10 years, whilst drug treatment reflects a return on investment of £4 for every £1 invested, which increases to £21 over 10 years.

2.2 As the Royal Borough's drug and alcohol contracts were reaching a natural end, there was an opportunity to consider taking a different approach to delivering drug and alcohol recovery support that meets the needs of both residents with low level issues that may not be significantly impacting upon their lives at this point (but may lead to worse health outcomes in the long-term), and those with multiple disadvantages and complex behaviours including entrenched drug and alcohol issues, that are engaged with multiple local services. This delivery model builds on existing partnerships to encourage community cohesion and self-care and tackle key themes linked to multiple disadvantages.

2.3 Digital and online approaches have become more acceptable and accessible for early help and self-care. This offer is a key component of the new model for residents with low level needs, which will increase their knowledge and understanding of drug and alcohol use and how they can support themselves to reduce and abstain from health risk taking behaviour. The key aim of the new service is promoting full sustained recovery from opiate and alcohol abuse through self-care, continuous reduction in illicit and prescribed drug use and ultimately abstinence.

2.4 In order to derive maximum value from the contract, it is recommended that the new Contract is let for 5 years with a 2-year allowable extension, with

appropriate contractual safeguards should there be reductions in grant funding during the period.

Drug and Alcohol Health Needs Assessment

2.5 A comprehensive Drug and Alcohol Health Needs Assessment was undertaken earlier in the year by the council's public health team and has informed the development of the new contract, see Appendix A.

Drug and Alcohol Integrated Model

2.6 The new contract brings together the clinical and psychosocial elements into one integrated contract. This will make the service easier to contractually manage, and better serve joint working at the interface between the different, but intrinsically linked services. Responsibility for Pharmacy services is also now included, which equally will support closer working relationships.

Recovery Support and Coordination

2.7 The new model will see drug and alcohol Recovery Support Coordinators based within other services, integrating with staff to support their joint clients. Along with residents who require a short period of structured psychosocial interventions, RBWM has a small cohort of residents with long standing issues who are also usually homeless or rough sleeping, who have entrenched drug and alcohol issues, multiple disadvantages, and co-morbidities. Although they are a relatively small cohort in terms of numbers, they put huge pressure on multiple service areas, without ever having their needs fully met. Services impacted range from acute, secondary and primary health, to mental health, police, probation, housing and social care.

2.8 The Provider will work in close partnership across the Council to integrate drug and alcohol key work within other Local Authority delivered and commissioned services. This will enable residents to access support relevant to their individual and specific needs, rather than their drug and alcohol issues in isolation, and thus maximising their opportunity for positive outcomes and sustained recovery.

2.9 Developing integrated services is a key recommendation of the Dame Carol Black Review (2021), where she notes that to sustain recovery from drug and alcohol abuse, people need a home and a job, too many people are in and out of treatment for years, even decades without turning their lives around for good. The Ministry of Housing, Communities and Local Government (2021) also stated that "Two thirds of rough sleepers have drug and alcohol problems.

Procurement Process

2.10 This procurement has been conducted using the principles of the Open Procedure described in Regulation 27 of the Public Contracts Regulations 2015 and used a 'Light Touch Regime' as permitted by Regulation 76 of the Public Contracts Regulations 2015 for the procurement of 'Social and Other Specific Services'. As a result of a robust procurement process, a Preferred Provider has been identified and approval is sought for the contract to be awarded to them.

3. KEY IMPLICATIONS

3.1 Although neither mandated nor statutory provision, drug and alcohol services are intensively monitored and have national targets, outcomes and reporting

measures, as set out by Public Health England and the Care Quality Commission. This includes metrics collated and reported using the following digital systems, which comprise both individual and partnership level outcomes:

- Diagnostic and Outcome Monitoring Executive Summary (DOMES)
- Public Health Outcomes Framework (PHOF)
- National Drug Treatment Monitoring System (NDTMS)
- Treatment Outcome Profiles (TOPs)

As the new service has integrated elements with other services, additional bespoke local KPIs will be set with the new Service Provider in order to determine actual return on investment, both financial and in terms of positive impact on other services.

Table 2: Key Implications

Outcome	Unmet	Met	Exceeded	Significantly Exceeded	Date of delivery
Successful completions for opiates	Worse than the South East average	Same or similar to the South East average	Better than the South East average	Not Applicable	31st March 2027
Successful completions for non-opiates.	Worse than the South East average	Same or similar to the South East average	Better than the South East average	Not Applicable	31st March 2027
Successful completions for alcohol.	Worse than the South East average	Same or similar to the South East average	Better than the South East average	Not Applicable	31st March 2027

4. FINANCIAL DETAILS / VALUE FOR MONEY

4.1 There are no financial implications as the cost of the new contract is £650,000 per annum, which is within the allocation set aside in the Public Health grant. No additional budget is, therefore, required.

4.2 All combined Drug and Alcohol recommissioned services must not exceed the value of the Pooled Treatment Budget (£718,300) provided by the Public Health Grant. All areas within the Local Authority are expected to look for cost savings. If any opportunity arises to reduce the cost of the Drug and Alcohol programme without compromising the service for residents, the opportunity will be fully explored and evaluated.

4.3 Authority to access Residential Rehabilitation services and funding for residents requiring this service will continue to be managed by the RBWM Public Health Service Lead for Contracts and Commissioning and will be jointly agreed between RBWM and the Service Provider in line with the Service Pathway.

5. LEGAL IMPLICATIONS

5.1 The Council is a local authority as defined by section 270 of the Local Government Act 1972. Section 1 of the Localism Act 2011 affords the Council a power of general competence "to do anything that individuals generally may do". Section 2 of the same Act sets out the limits of that general power, requiring local authorities to act in accordance with statutory limitations or restrictions.

5.2 The Council also has a general power under section 111 of the Local Government Act 1972, "to do anything which is calculated to facilitate, or is conducive or incidental to the discharge of its function", including enter into the arrangements proposed in this report.

5.3 The Council has the power to offer substance misuse services in accordance with s.1 Localism Act 2011 (the General Power of Competence) subject to complying with the Council's Contract and Financial Procedure Rules as set out in the Council's Constitution.

5.4 Section 17 of the Crime and Disorder Act 1998, (as amended), requires responsible authorities to consider crime and disorder and the misuse of drugs, alcohol and other substances, in the exercise of all of their duties, activities and decision making. Such authorities must exercise their functions with due regard to the likely effect of the exercise of those functions on crime and disorder in its area, and the need to do all that it reasonably can, to prevent it.

5.5 The services provided will be delivered in accordance with this Section 17 duty, as well as the Council's duties under the Human Rights Act 1998 and the Equality Act 2010.

5.6 The Council has a duty under Section 12 of the Health and Social Care Act 2012 to take such steps as it considers appropriate for improving the health of the people in its area including providing services or facilities for the prevention, diagnosis or treatment of illness. Alongside a general duty under section 1 of the Care Act 2014 to promote the well-being of individuals. "Wellbeing" in relation to an individual is defined within the 2014 Act as including (b) physical and mental health and emotional well-being and (h) suitability of living accommodation.

6. RISK MANAGEMENT

6.1 The potential service risks are listed below

Table 3: Impact of risk and mitigation

Risk	Level of uncontrolled risk	Controls	Level of controlled risk
The transition to a different service model and staff integration within other service areas is unsuccessful	Medium	As the contracts were reaching their natural end point, there was sufficient time to engage and involve key stakeholders throughout the development of the new integrated model and start to embed the focus on recovery within the existing service culture.	Low
Sub-Contracting Arrangements for Clinical Prescribing fail.	Low	Local arrangements and contractual terms were agreed after collaborative discussion. The Preferred Provider has additional resources that can be called upon in the event of failure.	Low
Treatment resistant clients continue to impact on multiple services despite coordinated support and access to effective pharmacotherapy	Medium	RBWM was successful in gaining £121,000 extra funding in 2021/22 from Public Health England for drug and alcohol services, and this funding has been used to 'trial' services and initiatives that are key deliverables for this client group within the new contract.	Low

7. POTENTIAL IMPACTS

7.1 Equalities. Equality Impact Assessments are published on the Council's website. An EQIA Screening Form has been completed for the new drug and alcohol service and no further action is required.

7.2 Climate change/sustainability. There is no potential impact of the recommendation in relation to climate change / sustainability.

7.3 Data Protection/GDPR. No personal data is being processed by RBWM.

8. CONSULTATION

8.1 The Adults Children and Health O&S panel agreed to the recommendations in the drug and alcohol service recommissioning report for Cabinet, but also added the following:

RESOLVED UNANIMOUSLY: That the Panel noted the report and recommends that Cabinet agrees to award the Drug and Alcohol Service Contract to the Preferred Provider. Members asked for updates on the progress of those with housing problems, any crime and disorder committed by those receiving treatment, and whether more people accessed services that were being delivered online.

8.2 Informal consultations and collaborative discussions were undertaken with a wide range of key stakeholders from developing the new drug and alcohol service model, through to the final service specification that went out to the market. This is a key recommendation following the review into drug and alcohol treatment services conducted by Dame Carol Black, who proposed moving away from 'commissioning processes' and instead moving to inclusive and collaborative commissioning, working with providers to shape services. (Please see Appendix B RBWM Drug and Alcohol Service Specification Overview)

8.3 Once the mobilisation period commences, residents using the service will be consulted and involved with the co- production of various elements of the service.

9. TIMETABLE FOR IMPLEMENTATION

9.1 Implementation date if not called in: Immediately. The full implementation stages are set out in table 4

Table 4: Implementation timetable

Date	Details
29th October 2021	Contract Award authorised by Cabinet and successful bidder officially notified following the Call In period
3rd January 2022	New service mobilisation process commences.
31st March 2022	Service mobilisation completed.
1st April 2022	New Contract start date.

10. APPENDICES

10.1 This report is supported by 2 appendices:

- Appendix A RBWM Drugs and Alcohol Health Needs Assessment (2021)
- Appendix B RBWM Drug and Alcohol Service Specification Overview (2022-27)

11. BACKGROUND DOCUMENTS

11.1 This report is supported by 4 background documents:

Independent review of drugs by Professor Dame Carol Black - GOV.UK (www.gov.uk)
Review of drugs: phase two report - GOV.UK (www.gov.uk)
Extra help for rough sleepers with drug and alcohol dependency - GOV.UK (www.gov.uk)
Alcohol and drug prevention, treatment and recovery: why invest? - GOV.UK (www.gov.uk)

12. CONSULTATION (MANDATORY)

Name of consultee	Post held	Date sent	Date returned
Mandatory:	*Statutory Officers (or deputy)*		
Adele Taylor	Executive Director of Resources/S151 Officer	**17/9/21**	**5/10/21**
Emma Duncan	Deputy Director of Law and Strategy / Monitoring Officer	**17/9/21**	**22/9/21**
Deputies:			
Andrew Vallance	Head of Finance (Deputy S151 Officer)	**17/9/21**	**15/10/21**
Elaine Browne	Head of Law (Deputy Monitoring Officer)	**17/9/21**	**15/10/21**
Karen Shepherd	Head of Governance (Deputy Monitoring Officer)	**17/9/21**	**15/10/21**
Other consultees:			
Directors (where relevant)			
Duncan Sharkey	Chief Executive	**17/9/21**	**15/10/21**
Andrew Durrant	Executive Director of Place	**17/9/21**	**15/10/21**
Kevin McDaniel	Executive Director of Children's Services	**17/9/21**	**15/10/21**
Hilary Hall	Executive Director of Adults, Health and Housing	**17/9/21**	**23/9/21**

Confirmation relevant Cabinet Member(s) consulted	Cabinet Member for Adult Social Care, Children's Services, Health and Mental Health	Yes

REPORT HISTORY

Decision type:	Urgency item?	To follow item?
Key decision First entered into the Cabinet Forward Plan: 26th July 2021.	No	No

Report Author: Siân Smith, Service Lead Public Health Contracts and Commissioning. 07966979101.

Health Needs Assessment for Alcohol and Drugs Prevention, Treatment and Recovery

The Royal Borough of Windsor and Maidenhead

April 2021

Contents

1.0 Summary

1.1 Introduction

This Health Needs Assessment (HNA) has been developed to inform the commissioning of interventions for the prevention and treatment of alcohol and drug problems in the Royal Borough of Windsor and Maidenhead (RBWM). This document provides a summary of the evidence base for commissioning services that best meet the needs of the local adult population.

Although alcohol and drug use are both influenced by exposures starting in the early years of life, this HNA focuses on data and interventions for the adult population only. This is because prevention work for children and young people in RBWM is commissioned and provided separately through Achieving for Children and is outside of the scope of this work. However, this HNA does recognise that parental alcohol and drug use has an impact on children and young people.

This HNA jointly considers alcohol and drug use due to the likely shared needs and opportunities for intervention. Alcohol and drugs are considered separately within this HNA where appropriate.

A range of data sources have been used to inform this HNA, including Public Health England reports, data from the National Drug Treatment Monitoring System (NDTMS), RBWM social care data, scientific literature and government reports.

1.2 Key Findings

Alcohol

- Based on the estimated prevalence calculations, there are potentially in the region of 46,709 to 77,607 (38.7% to 64.3%) adults in RBWM regularly drinking at the increased level of risk (more than 14 units alcohol a week).
- A relatively small number of people in RBWM attend the drug and alcohol treatment service solely for support with reducing alcohol consumption (about 125 people in the last year: 219 attended for alcohol, 94 of whom were for drug and alcohol). Instead, support for harmful drinking is more commonly accessed alongside treatment for opiate drugs and/or crack cocaine.
- There is no data available on the number of RBWM adults accessing self-help resources or mutual aid (such as Alcoholics Anonymous) for drinking, nor on the outcomes of these interventions.
- Based on the prevalence estimates alongside the known number of people attending the drug and alcohol treatment services, it is likely that there are a significant number of adults in RBWM who are in need of support with reducing alcohol consumption. This would reduce the risk of harm to health and the wider associated costs to the health system and society.

Drugs

- RBWM commission a drug and alcohol treatment service that provides support with treatment and recovery to a relatively small cohort of the population who use drugs at the most harmful level (primarily people taking opiates and/or crack cocaine), sometimes alongside consuming harmful amounts of alcohol.
- Within this well-established drug and alcohol treatment service, staff have strong local knowledge about the cohort of the population using and/or seeking treatment for opiate and/or crack cocaine use. The service regularly provides robust data on clients and their outcomes to the National Drug Treatment Monitoring System.
- Based on the national prevalence figures for drug use, there are likely to be a significant number of adults, particularly young adults aged 16 to 24, regularly taking recreational drugs in RBWM. Very few people using recreational drugs are accessing the commissioned treatment service.
- There is a lack of available data on the number of adults in RBWM in need of support reducing use of recreational drugs.

Social care

- Parental drug and alcohol use is a key concern for children's social care workers in RBWM. There is currently no dedicated substance misuse worker within the RBWM social care team. Rather, parents with problematic alcohol or drug use are signposted to support from the drug and alcohol treatment service.

1.3 Recommendations

This HNA puts forward the following recommendations:

1) Continue to commission and provide a high quality, effective drug and alcohol treatment and recovery service for individuals, including psychosocial and prescribed therapy together with a provision for needle exchange, supervised consumption, and associated health checks for clients.

2) Consider providing additional public health interventions for the cohort of adults in RBWM who are regularly drinking more than 14 units of alcohol a week but not accessing the commissioned treatment service. Further work is first required to understand the characteristics of this cohort and the type of support that would be most effective, considering recent digital innovations in this field. Participatory methods could be utilised to gain more direct insight.

3) Consider providing targeted public health interventions for adults (particularly young adults) in RBWM who are likely to be using recreational drugs on a regular basis. Again, further work is first required to profile this population and understand the type of interventions that will be best received and most effective. This may include novel digital interventions where shown to be effective.

4) Consider strengthening harm-prevention for children and young people affected by parental drug and alcohol use, through embedding a designated substance misuse worker within the children's social care team.

5) Consider strengthening universal prevention for drug and alcohol use in RBWM through utilising existing marketing campaigns from Public Health England within RBWM external communications.

2.0 Background

2.1 Alcohol and drug related harm

Use of alcohol or drugs at some stage in life is common. The Health Survey for England in 2019 found that 54% of adults had drunk alcohol in the last week and that nearly one in three had tried illicit drugs at some point in their adult life[1]. A proportion of these individuals may use alcohol and/or drugs in a way leading to harm to themselves and/or others[1]. The harmful consequences associated with drug and alcohol use are wide-ranging and can be broadly grouped as physical, psychological and social harm.

Physical harm: can result from both alcohol and drug use. Alcohol is associated with over 60 medical conditions, including various cancers, strokes, heart disease, liver disease and damage to the brain and nervous system as well as harm due to accidental injury, self-harm and violence[1]. Prolonged alcohol use can lead to physical dependence; a serious condition where the body shows withdrawal symptoms such as sweating, shaking and nausea when blood alcohol levels fall[2]. Harm from alcohol can become apparent in the short term or after many years of drinking, in the form of chronic disease caused by alcohol or the cumulative risk of repeated acute harm[2]. Illicit drugs have been associated with cardiovascular disease, blood borne infections, accidental injury and self-harm and death from overdose[3]. Similarly, the health consequences can be short term or may develop over many years of ongoing drug use[3].

Psychological harm: alcohol and drugs are associated with depression, anxiety and psychosis[2]. Additionally, both alcohol use and drug taking can lead to psychological dependency; a strong, often uncontrollable desire to drink or take drugs[2,3]. For people who are psychologically dependent, taking drugs or drinking alcohol plays an important part in everyday life, even if not consumed excessively[2]. Tolerance can develop over time, leading people to consume higher volumes of substances in order to achieve the desired psychological effect[2].

Social harm: alcohol and drugs have wider detrimental impacts on society including harm caused to third-parties, crime and antisocial behaviour[1]. The impact of alcohol and drugs on wider communities can be far-reaching and includes 1) direct economic costs on health and social care services, the criminal justice system and the social welfare system; 2) indirect costs from unemployment, economic inactivity and premature mortality; and 3) intangible costs to individuals and family members from anxiety, pain, financial worries and reduced quality of life[4]. The health harms, cost of crime and wider impacts on society are estimated to cost over £19 billion per year in England and Wales[5].

2.2 Alcohol consumption in the general population

Alcohol is one of the leading causes of non-communicable diseases in England, alongside smoking and obesity[6].

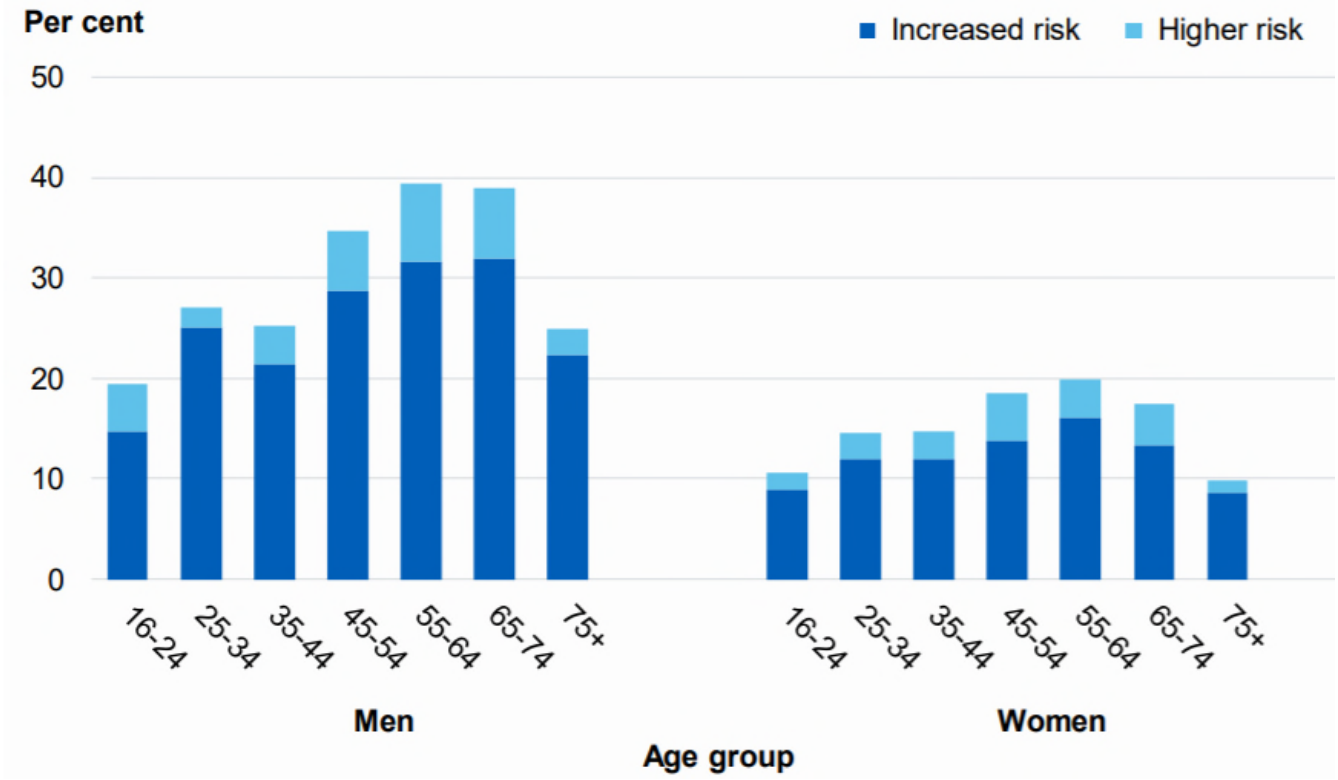
In 2016, the UK Chief Medical Officers (CMOs) published guidelines on alcohol consumption, recommending that men and women should not regularly (defined as most weeks) drink more than 14 units a week[7]. Drinking 14 units or less a week is considered 'lower risk.' Adults who regularly drink up to this amount are advised to spread their drinking over three or more days[7]. Above this level is considered to be 'increased risk.'[7] Men who regularly drink more than 50 units a week and women more than 35 units, are described as 'higher risk drinkers' and are considered to be at particular risk of alcohol-related health problems[7].

The 2019 Health Survey for England found differences in typical weekly alcohol consumption for men and women[1].

- Women were more likely to drink at lower levels or not drink compared to men; 17% men and 23% women did not drink in the last 12 months[1].
- 57% of adults (53% men and 62% women) drank at levels which put them at lower risk of alcohol-related harm; drinking 14 units or less in the last week[1].
- Twice as many men than women drank at increasing or higher risk levels of over 14 units a week; 30% of men and 15% of women[1].
- More men than women drank at higher risk levels; 5% men drank over 50 units a week and 3% women drank over 35 units a week[1].

In terms of age, the proportion of men and women who regularly drink over 14 units in a week varied across age groups, increasing with age up to the age of 55 to 64 (39% and 20% of men and women respectively)[1]. The proportions drinking at these levels then declined among both sexes from the age of 65[1]. Across all age groups, men were more likely than women to drink at increasing and higher risk levels[1].

Figure 1: Proportion of adults drinking over 14 units a week (at increased or higher risk of harm), by age and sex[1]

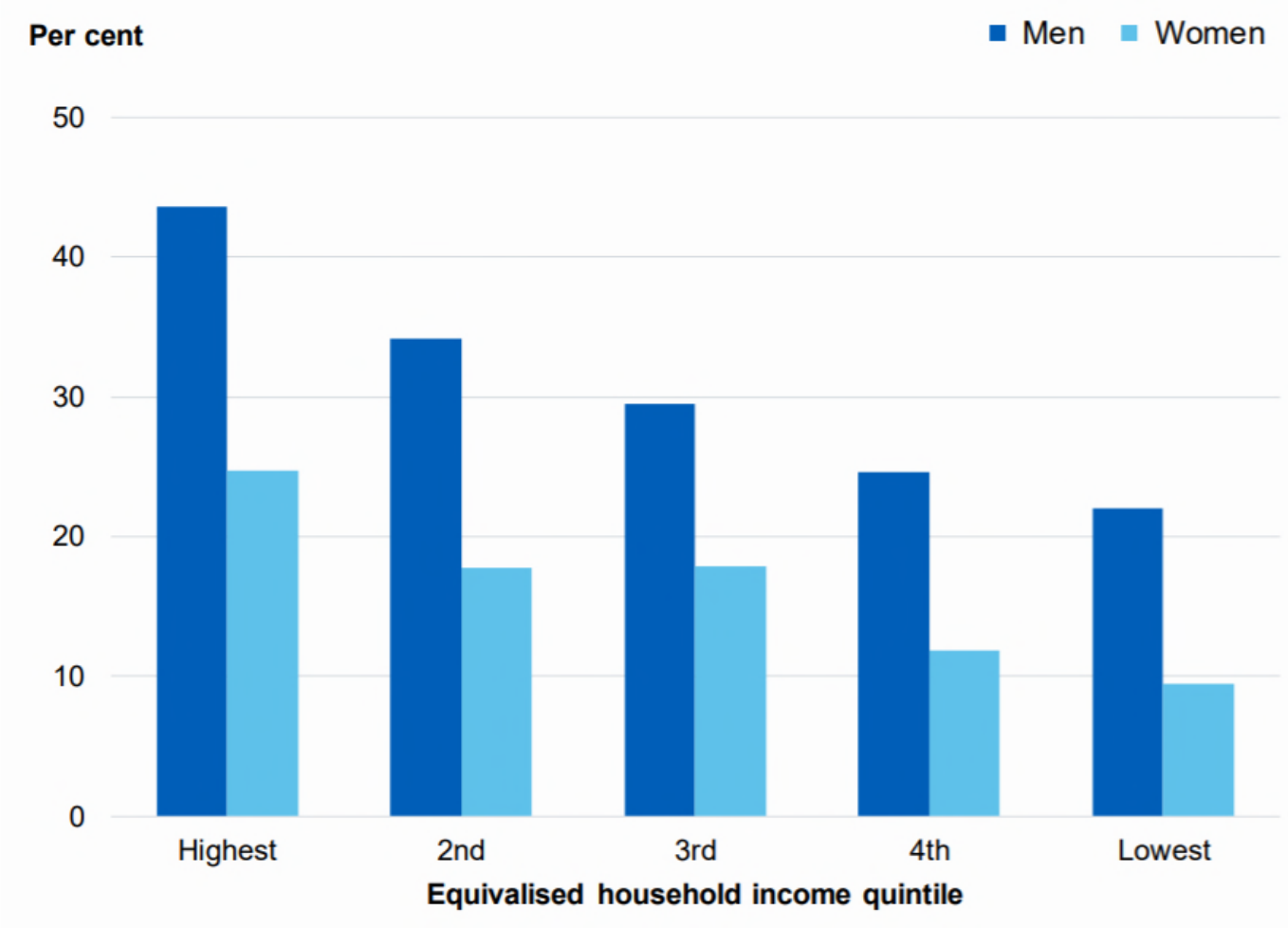


Source: NHS Digital summary of results from the 2019 Health Survey for England

The 2019 Health Survey for England also looked at alcohol consumption by household income, using a measure of equivalised household income which takes into account the number of adults and dependent children in a household. Households are divided into quintiles (fifths) based on this measure. The data is standardised for age to account for differences in the age profile of households[1].

- The proportion of non-drinkers increased as household income decreased[1].
- The proportion of men and women drinking over 14 units of alcohol per week was associated with increased household income[1]. In men, the highest proportion of those drinking at this level was in the highest income households (44%), compared to 22% men drinking at this level in the lowest income households[1].
- Similarly, among women, the highest proportion of those drinking alcohol at increased or higher level of over 14 units a week was in the highest income households (25%) compared with 9% in the lowest income households[1].

Figure 2: Proportion of adults drinking over 14 units a week (at increased or higher risk of harm), by equivalised household income and sex[1]



Source: NHS Digital summary of results from the 2019 Health Survey for England

It should be noted that this data represents trends at a national level based on survey carried out on a sample of the population. As such, findings intended to inform understanding of the national picture cannot be extrapolated to apply to individuals. For instance, within local populations it is possible that individuals in any household income group may be drinking at levels that are different from those reflected in the national trend.

2.3 Problematic drug misuse in the general population

The Crime Survey for England and Wales in 2019/20 showed that around 1 in 11 adults aged 16 to 59 years had taken an illicit drug in the last year (9.4% adults)[8]. Around 1 in 29 adults (3.4%) reported having taken a Class A drug in the last year[8]. Drug use was more common in younger adults with 1 in 5 adults aged 16 to 24 having taken a drug in the last year (21% adults aged 16 to 24)[8]. There is not a clear relationship between drug-taking and income, however the Crime Survey for England and Wales 2019/20 found those with a household income of less than £10,400 were more likely to have taken any drug in the last year[8].

There are different patterns of behaviour and consequences seen for different illicit drugs used in England.

Opiates and/or crack cocaine: these are the most harmful drugs[5]. Most (86%) of the drug-related costs to individuals and society are a result of heroin and crack cocaine use[5]. Approximately 300,000 took opiates and/or crack cocaine in 2019[5] and there are estimated to be 260,000 long-term heroin users[5]. Most of the heroin-taking population are entrenched users with increasingly severe and costly health problems, many cycling in and out of treatment services[5].

There are approximately 180,000 crack users, a large proportion of whom are also using heroin[5]. Increasingly heroin users are also using crack cocaine due to the rising production and purity of crack cocaine and more aggressive marketing of both substances together[5]. There is also a growing market of younger crack users who do not use heroin[5].

Cannabis: this has consistently been the most-used drug in England and Wales since the mid 1990s[8]. In the last year 7.8% of adults aged 16 to 59 years (around 2.6 million adults) reported using cannabis[8]. Cannabis was also the most common drug used by young adults; in 2019 18.7% of those aged 16 to 24 years old (around 1.2 million) reported using the drug in the last year[8]. The majority of cannabis users are under 30 years old[5].

Cannabis is more likely to be used more frequently than other recreational drugs; the Crime Survey for England and Wales 2019/20 found that, of those who used cannabis in the last year, 10% used it daily and a further 16% used it weekly[5]. After heroin and crack cocaine, cannabis is the most common drug that results in people seeking treatment[5].

Powder cocaine: this is the second most prevalent drug in England, after cannabis, with 2.6% adults aged 16 to 59 years reporting use within the last year[8]. In England there has been an increasing use of powder cocaine amongst people under age 30[5]. Demand is closely linked to that for other recreational 'club drugs' such as ecstasy and amphetamines, all of which are connected to the night-time economy and alcohol consumption[5]. Currently only 3% of powder cocaine users access treatment[5].

Although most powder cocaine users are occasional users, the Dame Carol Black independent review on drugs highlighted that the increasing prevalence in young people may lead to more problematic use in the future, especially since powder cocaine is a risk factor for crack cocaine use[5].

Synthetic drugs (ecstasy, amphetamines and New Psychoactive substances (NSPs): Ecstasy is one of the main 'club drugs.' Prevalence of taking ecstasy is more common in young adults with 4% of adults aged 16 to 24 years reporting use in the last 12 months compared to 1.4% adults aged 16 to 59 years[8]. The estimated number of users across England and Wales in the last year are 524,000 users of ecstasy, 188,000 users of amphetamines, and 152,000 users of NSPs, with many people using two or more concurrently[5]. Most users of ecstasy and amphetamines are under 30. Use is linked to visiting pubs, bars and nightclubs[5].

New psychoactive substances (NSPs) refer to newly available drugs that mimic the effect of existing drugs such as cannabis, ecstasy and powder cocaine. Some NSPs were previously legal to supply until the Psychoactive Substances Act 2016 which made it illegal to supply, produce or import these substances[8]. Approximately 0.3% adults aged 16 to 59 years and 1.3% adults aged 16 to 24 years reported using an NSP in the last year[8]. Young adults account for a disproportionately large proportion of NSP users (71%) which is greater than for the other main drug types (cannabis: 45%, powder cocaine: 38%, ecstasy: 54%)[8].

The ONS also asked respondents whether they had used nitrous oxide in the last year. Although the Psychoactive Substances Act made it illegal to sell as an intoxicant, it is still legal to sell for certain purposes[8]. In the last year 2.4% adults aged 16 to 59 year and 8.7% of 16 to 24 years had used nitrous oxide[8]. This

made it the second most prevalent drug among young adults (after cannabis) and the third most prevalent drug for adults aged 16 to 59 (after cannabis and powder cocaine)[8].

2.4 County lines

County lines is a relatively recent distribution model whereby a group supplying drugs from an urban hub establishes a network within a county location[5]. Customers in the county location make orders via a branded phone line, often controlled by the urban hub[5]. The county lines model stretches across England and in many places has displaced local dealers[5]. A distinct feature of the county lines model is the use and exploitation of young people (mostly male, often aged 15-17) as 'runners' to transport drugs and money. Children displaying vulnerabilities such as poverty, being known to social workers, looked-after status and exclusion from education are targeted[5]. However, so are young people from 'stable' families with no history of social services or police[5].

Adult victims of county lines are predominantly people with drug addiction and mental health issues. They will often be 'cuckooed' whereby their residences are taken over as a base for preparing and dealing drugs[5].The county lines model increases the risk of problematic drug use growing further[5]. The county lines model is a highly adaptable business model which is continually evolving to avoid detection[5].

2.5 The impact of the coronavirus (COVID-19) pandemic on alcohol consumption and drug taking

Data on alcohol consumption trends during the COVID-19 pandemic was made available by PHE in September 2020, through the Wider Impacts of COVID-19 on Health (WICH) monitoring tool[19]. This collates data on self-reported alcohol consumption (using YouGov survey panel data), alcohol purchasing (Kantar Worldpanel data) and higher risk drinking (UCL's Alcohol Toolkit Study data). A review of this data carried out by the Institute of Alcohol Studies found a mixed picture[20]:

- Alcohol intake across the UK population remained about the same during the first national lockdown (March 2020), with almost half of respondents reporting no change to their drinking patterns.
- A rise in the proportions of both non-drinkers and higher risk drinkers was seen between April and September 2020.
- Similar proportions of people reported drinking more than before and less than before social restrictions were introduced.
- People aged 18 to 34 were more likely to report consuming less alcohol than before social restrictions whereas people aged 35 to 54 were more likely to report an increase in drinking.

Additionally the UK Household Longitudinal Study, a nationally representative household panel study, found increases in the proportion of people drinking four or more times a week and binge drinking (defined as 6+ drinks in one sitting, weekly or more often) during the first COVID-19 lockdown in March 2020[20,21].

The Global Drug Survey ran for 7 weeks in May to June 2020, to better understand the impact of the pandemic on the use of alcohol, drugs, mental health, and relationships. The survey is mainly completed by recreational drug users and therefore doesn't fully capture data from people who use the most harmful drugs. Almost half of the 2,136 UK participants that took part said they had increased the amount of alcohol they drank during the pandemic; just over a quarter (27%) reduced their intake and another quarter (26%) reported drinking at the same level as before[22].

The Global Drug Survey found a considerable proportion of respondents increased their use of cannabis (44%), prescription benzodiazepines (34%) and prescription opioids (28%). People reported cutting down on use of drugs linked to the night-time economy; powder cocaine use reduced by 52%, MDMA by 50% and ketamine by 45%[22].

3.1 Alcohol consumption in RBWM

- Data on regular drinking habits of residents in RBWM is not routinely collected at a population level. As such, this needs assessment has looked for available prevalence estimates for adults who drink more than 14 units of alcohol a week.
- Predictive analysis undertaken by Public Health England (PHE) indicates that there could be the region of 46,709 (38.7%) to 77,607 (64.3%) adults in RBWM drinking at the increased risk level of more than 14 units of alcohol a week.
- The average of this estimate for RBWM is 61,554 (51%) adults[9]; considerably higher than the average for England, where 25.7% adults are estimated to drink more than 14 units a week[9].
- The prevalence estimates have been calculated by applying age-specific prevalence rates for adults drinking more than 14 units a week (as determined in the Health Survey for England), to the estimated population in each age group for adults in RBWM (as taken from the ONS mid-year population estimates)[9].
- Predictive analysis undertaken by PHE indicates that there could be approximately between 875 and 1068 adults in RBWM in need of treatment for alcohol dependence (average estimate 991 adults)[9]. These estimates are based on national age-specific prevalence rates from the Health Survey for England, applied to local age-specific population estimates.
- Data from the National Drug Treatment Monitoring System (NDTMS) shows that 291 residents accessed treatment for alcohol issues in 2019/20, 94 of whom attended for dual alcohol and drug issues. These data are reported to NDTMS by local alcohol treatment services and are considered an accurate measure of those accessing treatment[10].

3.2 Impact of the coronavirus (COVID-19) pandemic on alcohol consumption in RBWM

The RBWM drug and alcohol service experienced increased demand for support with alcohol consumption during the first COVID-19 lockdown starting in March 2020. 18 people per month presented for support reducing alcohol consumption compared to between 8 and 10 people per month before the restrictions. Anecdotally the clients were a mixed group in terms of the impact of COVID-19 on their drinking habits; ranging from ‘people who had always drank but thought they had now become dependent drinkers to those who didn’t drink regularly and were now drinking with dinner. No new cases of long-term chronic alcohol use presented.’ (Source: Service Manager for Cranstoun Windsor & Maidenhead).

3.3 Illicit drug use in RBWM

- Complete data on problematic drug use for adults in RBWM is not routinely collected at a population level. Prevalence estimates from PHE, treatment data from NDTMS and local insight from drug and alcohol treatment services has been used to understand drug use in RBWM.
- Predictive analysis undertaken by PHE indicates that there could be between 397 and 729 people aged 15 to 64 using opiates and/or crack cocaine in RBWM (average estimate: 525).
- This equates to an average rate of 5.57 per 100,000 people aged 15 to 64; lower than the national estimated rate of 8.85 per 100,000[11].
- This estimate is based on statistical modelling from PHE rather than directly-collected data.
- NDTMS data (reported to NDTMS from drug treatment services) shows that 349 residents accessed RBWM drug treatment services in 2019/20. Of these, 240 were prescribed opiate substitution therapy for opioid use[10].
- Anecdotally, service leads at the drug treatment service report having approximately 200 clients attending treatment for opiate use. This cohort are well-known to the local service due to regular attendance and engagement with psychosocial and opiate-substitution therapy treatment.
- According to NDTMS data, 66% adults attending for opioid use were in treatment services for 2 years or less. 9% adults attending treatment for opioid use had been in treatment services for 6 years or more[10].

- NDTMS data shows that 6 RBWM residents attended drug treatment services for use of 'club drugs' in 2019/20. None of these residents reported also using opiate drugs[10].
- The rate of hospital admissions for drug poisoning in RBWM in 2019/20 was 29.7 per 100,000 population, lower than the national rate of 53.8 per 100,000 in England[10].

3.4 Families with drug and alcohol misuse: hidden harm

Substance misuse among adults who live with children is likely to have serious adverse effects on the health and development of these children. Further, these children are more likely to misuse drugs or alcohol themselves in later life.

Within RBWM, 25% (n=31) of new presentations for alcohol treatment in 2019/20 were living with children and a further 22% (n=27) were parents not living with their children[9]. For new presentations to drug treatment, 8% (n=13) were living with children and a further 31% (n=52) were parents not living with children[11].

According to (unpublished) monitoring data from RBWM Children's Social Care Services:

- Concerns about parental drug and alcohol use consistently appear in the top 3 concerns raised by children's social care workers in RBWM.
- From April 2020 to January 2021 there were 530 cases of children where parental drug and alcohol use has been recorded as the primary concern.
  In many of the cases where drug and alcohol use has been recorded as the primary concern, there are also concerns regarding parental mental ill health and domestic abuse.
- There is no dedicated substance misuse worker within RBWM children's social care teams.
- Several local authorities elsewhere in England have a substance misuse worker embedded within their social care teams. Anecdotally, it is understood that this model enables earlier and potentially more effective intervention for issues concerning parental drug and alcohol use.

This data demonstrates a need to consider close cooperation with children's services during provision of substance misuse treatment, to consider the effect on children of a parent entering treatment and the potential impact of child-caring responsibilities on adherence to structured treatment services.

3.5 Families with drug and alcohol misuse: toxic trio

'Toxic trio' describes a combination of domestic abuse, mental illness and substance misuse within a domestic household[23]. These factors have been identified as common features of families where harm to women and children occurs[23]. They are viewed as key indicators of increased risk of harm to children and young people[23].

The data on toxic trio factors is limited by underreporting due to the sensitive nature of the issues. This health needs assessment sought to ascertain key facts that may inform our understanding of the likely prevalence.

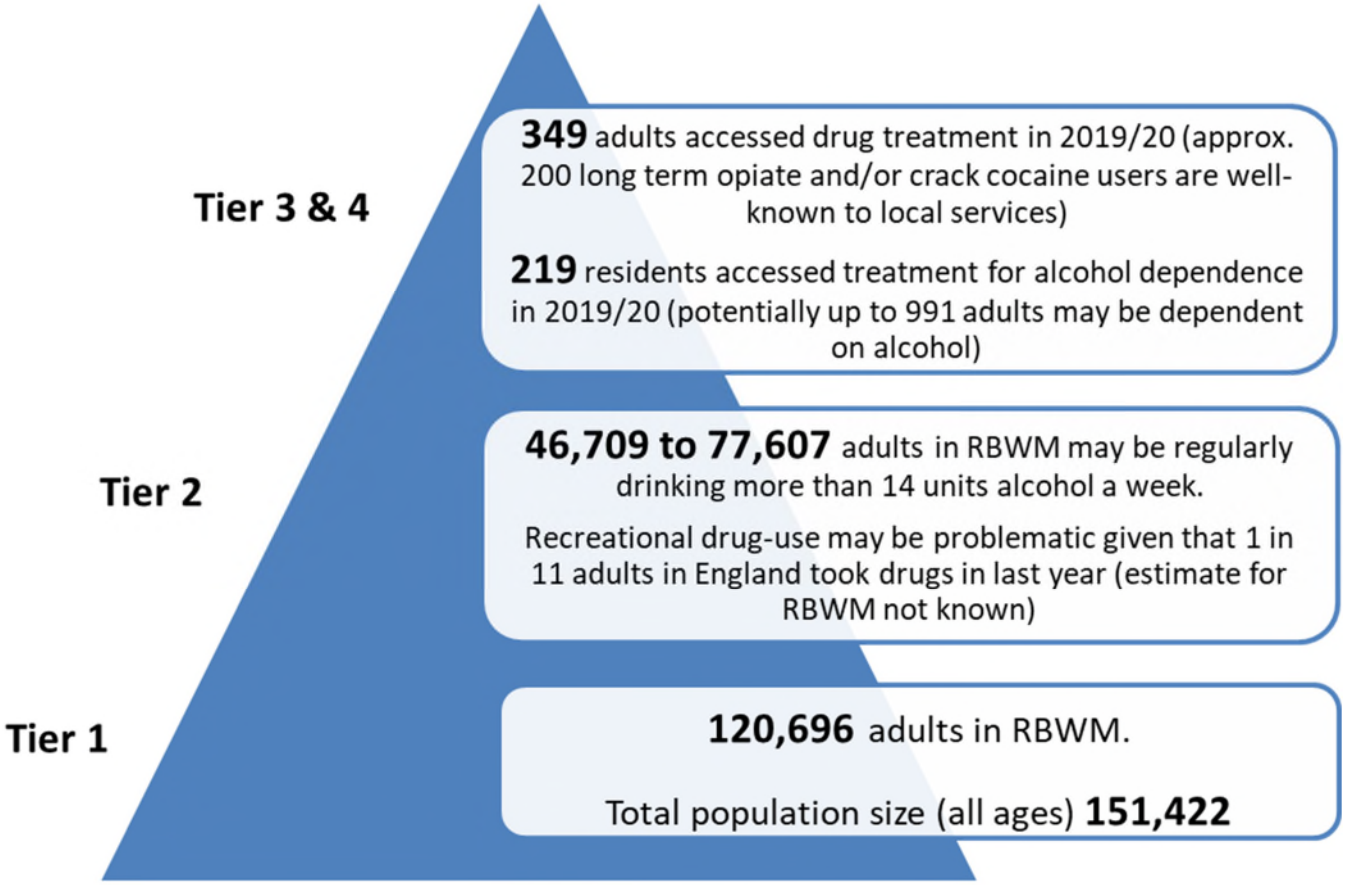
- In terms of mental health, it is estimated that 12.7% (15,328) RBWM residents aged 16 years or over have a mental health disorder[25].
- For the nine month period from April to December 2020, 2,178 domestic abuse incidents were reported to the Police in RBWM; an 8% increase compared to the same period in 2019[26].
- On average 89 referrals were made each month to the Domestic Abuse Stops Here (DASH) support organisation for the nine months between April and December 2020[26].
- 195 children were living in households where a referral for a multi-agency risk assessment conference was made following a reported a domestic abuse incident between April and December 2020[26].
- 18% of children's social care cases were due to a primary reason of domestic abuse between April and December 2020[26].
- Between April 2020 and January 2021, 530 children's social care cases recorded 'substance misuse' as the primary concern[26].

4.0 RBWM hierarchy of need for drug and alcohol prevention, treatment and recovery

4.1 The levels of need

The hierarchy of need puts into context the estimated number of RBWM residents at each level of need for alcohol or drug prevention, treatment, and recovery. The residents with the highest level of need at Tier 3 and 4 are a relatively small cohort of the population. At the next level down, estimates from Public Health England suggest that there could be between 46,709 and 77,607 (38.7% to 64.3%) adults in RBWM with some level of need for support with reducing alcohol consumption[9]. At the lowest level of the pyramid, the whole population in RBWM may potentially benefit from universal prevention messages[12].

Figure 3: Hierarchy of need for drug and alcohol treatment, recovery and prevention in RBWM[9,12]



Source: Produced by RBWM Public Health team, using data from Public Health England and The Berkshire Observatory

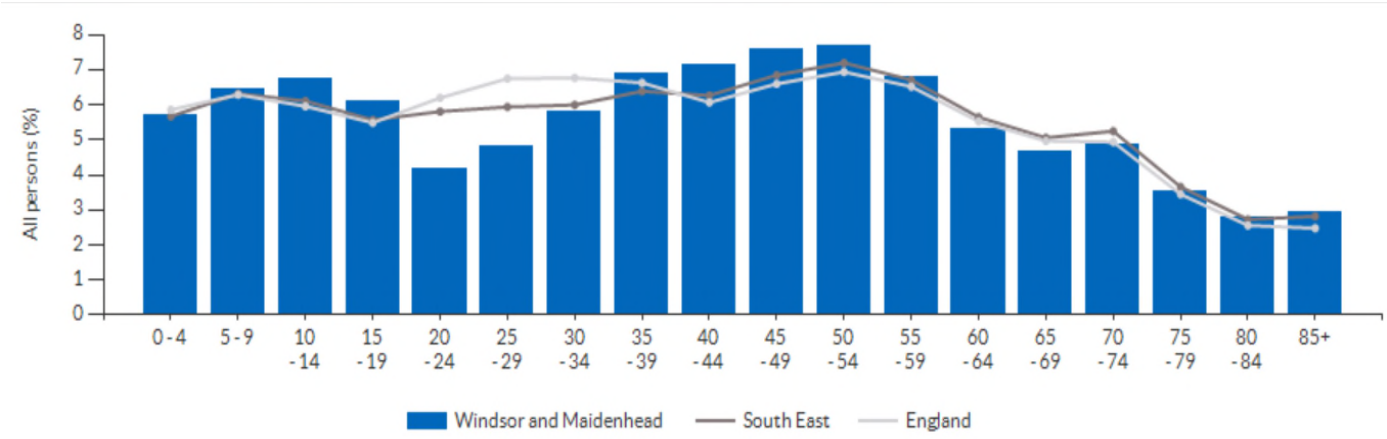
4.2 Characteristics of Tier 1 population

Tier 1 includes the entirety of the RBWM adult population, who are all potentially 'susceptible' to harm to their health from using alcohol and/or drugs. RBWM has a population of 151,422 residents[1].

Age

The proportion of adults who regularly drink over 14 units in a week in England has been found to increase with age up to age 64 years[1] whereas taking recreational drugs is more common in young adults[8]. The majority of the RBWM population are aged 30 to 60 years, as shown in Figure 4[12].

Figure 4: The proportion of RBWM population in each age category in 2019.



Source: Chart from The Berkshire Public Health Observatory, using 2019 mid-year population estimates from the ONS.

Employment and deprivation

Alcohol consumption in England has been shown to increase with household income[1]. The association between drug use and income is less clear, although those with a household income of less than £10,400 are more likely to have taken any drug in the last year[8].

RBWM is an affluent and economically active population, ranking 304 out of 317 local authorities in England in the 2020 Indices of Multiple Deprivation (IMD) - where a ranking of 1 is the most deprived area[12]. 83% residents aged 16 to 64 are estimated to be economically active compared to 77% across England[12]. In 2020 the median salary for RBWM residents was £35,938, including full and part-time workers, higher than the median of £27,888 across south east England and £26,055 across England[12].

4.3 Characteristics of Tier 2 population

Data from PHE indicates that potentially around half of the RBWM adult population drink more than 14 units of alcohol per week and therefore are at increased risk of harm to health[9]. This large cohort of the population will not be a homogenous group. Additionally, it can be challenging to identify these residents since they typically do not present to health services for alcohol related harm, potentially presenting only in later life after many years of drinking[1]. This needs assessment has looked for insight to further characterise residents who are drinking above the recommended amount of alcohol and who may benefit from appropriate harm reduction interventions.

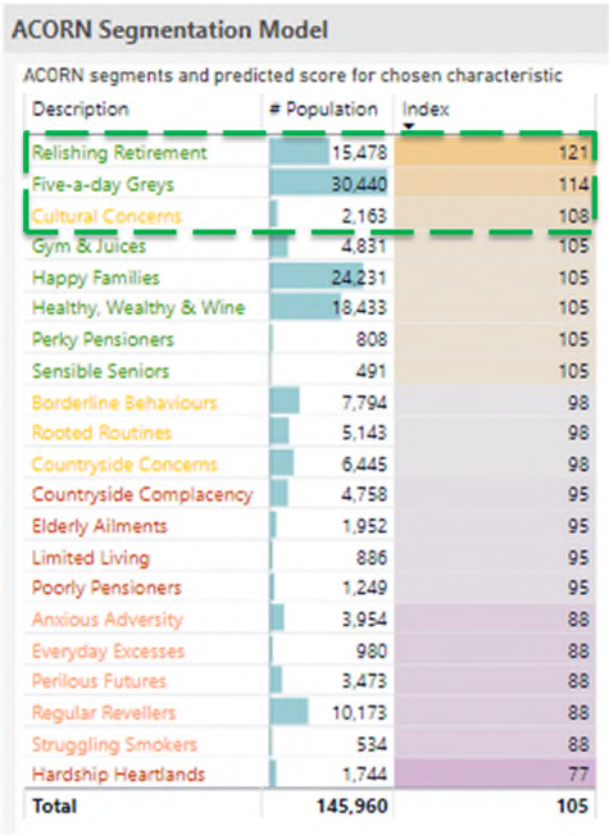
ACORN geodemographic segmentation data has been used for this analysis, accessed through the Connected Care System Insights dashboard (developed by Frimley Health ICS Analytics Team). ACORN segments the population into 4 groups (Health Challenges; At Risk; Caution; Healthy) and 25 types describing their health and wellbeing attributes[24]. ACORN uses demographic, behavioural and consumer data to profile groups of the population to understand lifestyle behaviours and health status[24]. ACORN data available to RBWM can also identify the geographic location of these groups (using postcode) and their preferences for shopping, marketing channels and healthcare usage. The findings on alcohol consumption are different for males and females and have been described separately below. Findings are also described for 'club drug' users who may benefit from early interventions.

Findings from ACORN on females who drink 6+ days a week

Figure 5 shows the population segments ranked by their index on 'females drinking 6+ days a week.' The highest proportion of these individuals fall within the Relishing Retirement category. Findings indicate that for

females in RBWM, frequent consumption of alcohol is a feature of individuals typically characterised as healthy and relatively affluent.

Figure 5: ACORN population segments for RBWM, ranked by their index on 'females drinking 6+ days a week.'



ACORN Segmentation Model

ACORN segments and predicted score for chosen characteristic

Description	# Population	Index
Relishing Retirement	15,478	121
Five-a-day Greys	30,440	114
Cultural Concerns	2,163	108
Gym & Juices	4,831	105
Happy Families	24,231	105
Healthy, Wealthy & Wine	18,433	105
Perky Pensioners	808	105
Sensible Seniors	491	105
Borderline Behaviours	7,794	98
Rooted Routines	5,143	98
Countryside Concerns	6,445	98
Countryside Complacency	4,758	95
Elderly Ailments	1,952	95
Limited Living	886	95
Poorly Pensioners	1,249	95
Anxious Adversity	3,954	88
Everyday Excesses	980	88
Perilous Futures	3,473	88
Regular Revellers	10,173	88
Struggling Smokers	534	88
Hardship Heartlands	1,744	77
Total	**145,960**	**105**

ACORN summary descriptions of population types[24]

Relishing Retirement
"Well educated retirees, detached houses, health relatively good, some cancers, high blood pressure, community focussed, good diets, low smoking."

Five-a-day Greys
"Large detached houses, professional occupations, private pensions, living comfortably, private health plans, good health, healthy lifestyle."

Cultural Concerns
"Ethnically mixed, urban and metropolitan, well educated, few children, low smoking, good health, depression and anxiety, fried food, low engagement with health service."

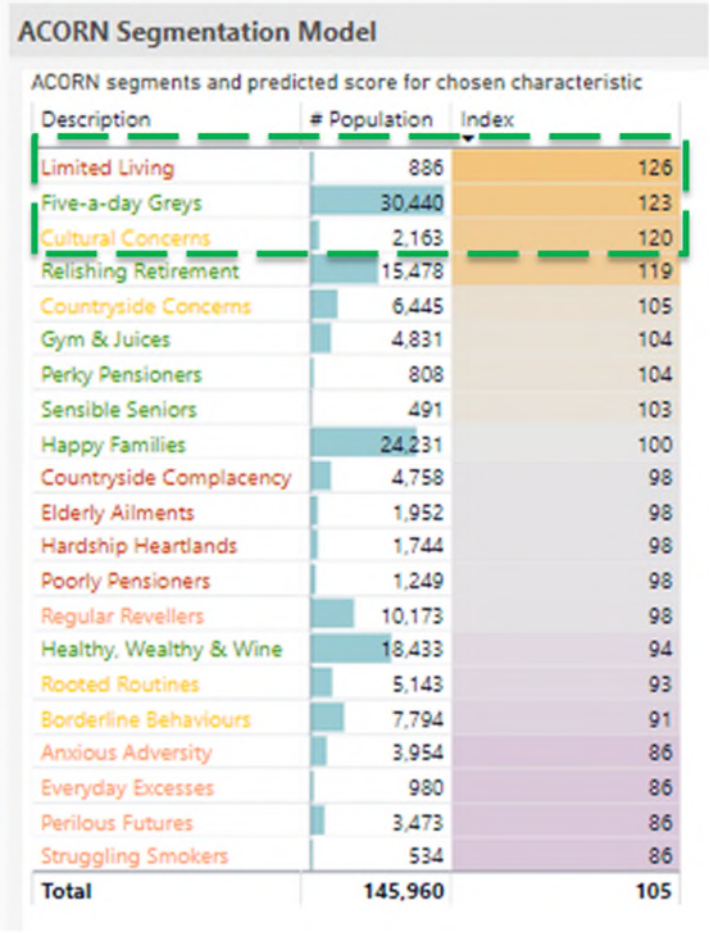
Source: ACORN Wellbeing data for RBWM, accessed from the Connected Care System Insights dashboard developed by Frimley ICS Analytics team.

Findings from ACORN on RBWM males who drink 6+ days a week

Figure 6 shows the population segments ranked by their index on 'males drinking 6+ days a week.' The highest proportion of these individuals fall within the Limited Living category. Findings indicate that drinking regularly is a feature of individuals characterised by a range of health challenges. Further ACORN data, not shown here, indicates these individuals are less affluent and experience relative deprivation.

Five-a-day Greys and Cultural Concern groups also consume alcohol frequently. Together these top three population segments capture a broad population.

Figure 6: ACORN population segments for RBWM, ranked by their index on 'males drinking 6+ days a week.'



ACORN Segmentation Model

ACORN segments and predicted score for chosen characteristic

Description	# Population	Index
Limited Living	886	126
Five-a-day Greys	30,440	123
Cultural Concerns	2,163	120
Relishing Retirement	15,478	119
Countryside Concerns	6,445	105
Gym & Juices	4,831	104
Perky Pensioners	808	104
Sensible Seniors	491	103
Happy Families	24,231	100
Countryside Complacency	4,758	98
Elderly Ailments	1,952	98
Hardship Heartlands	1,744	98
Poorly Pensioners	1,249	98
Regular Revellers	10,173	98
Healthy, Wealthy & Wine	18,433	94
Rooted Routines	5,143	93
Borderline Behaviours	7,794	91
Anxious Adversity	3,954	86
Everyday Excesses	980	86
Perilous Futures	3,473	86
Struggling Smokers	534	86
Total	**145,960**	**105**

ACORN summary descriptions of population types[24]

Limited living
"Health challenges, oldest people, prescribed medicines, high blood pressure, diabetes, heart problems and asthma, smokers, social renting, routine occupations."

Five-a-day Greys
"Large detached houses, professional occupations, private pensions, living comfortably, private health plans, good health, healthy lifestyle."

Cultural Concerns
"Ethnically mixed, urban and metropolitan, well educated, few children, low smoking, good health, depression and anxiety, fried food, low engagement with health service."

Source: ACORN Wellbeing data for RBWM, accessed from the Connected Care System Insights dashboard developed by Frimley ICS Analytics team.

Findings for RBWM on RBWM users of recreational drugs

ACORN does not capture data on drug use. However, it does capture data on the population defined as 'Regular revellers,' defined as being from: *'Well educated, professional occupations, ethnically diverse, renting privately, low illness, asthma, very high alcohol.'* This group could be used as a proxy indicator of residents more likely to take recreational drugs, particularly 'club drugs' such as ecstasy or amphetamines. ACORN data indicates that RBWM has a population of 10,173 individuals fitting the Regular Reveller profile. Further insight on their geographic distribution, health behaviours and marketing preferences is available through ACORN.

The data from ACORN provides valuable insight. However, the data is limited by not providing a 'direct' measure of drinking and drug taking behaviours. Further work in this area is needed to understand groups of residents that may be at risk of harm from alcohol and or drugs, and who may benefit from appropriate interventions.

4.3 Characteristics of Tiers 3 and 4 population

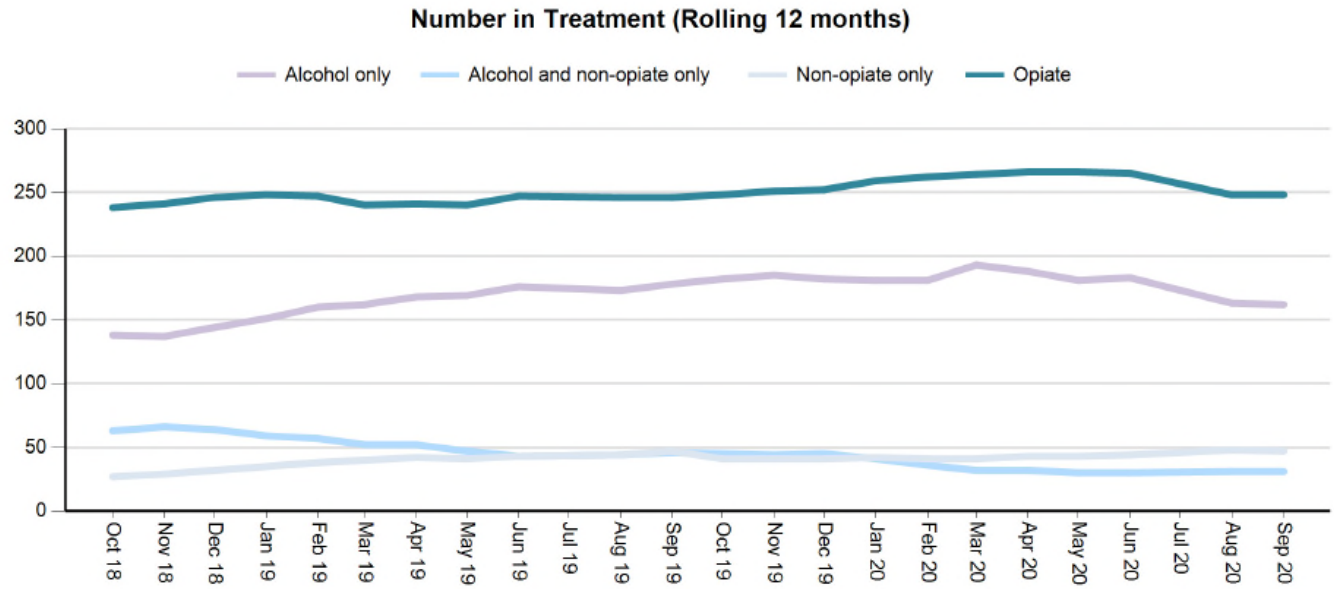
4.3.1 Numbers in treatment, successful completions, and key demographic data[29]

Residents requiring treatment for drug and alcohol issues in the community (Tier 3) or in residential settings (Tier 4) are those most at risk of health issues because of their substance use behaviours. Tier 3 and Tier 4 are grouped together for the purpose of this analysis since in recent years it has been rare for RBWM residents to meet the criteria for Tier 4 treatment.

Figure 7 shows the number of people seeking treatment for use of different substances over the most recent two-year period for which data is available.

Over this period, the largest client group has consistently been people using opiates. The trend line indicates there are usually around 250 opiate user clients at any time. People attending for alcohol use only are the next largest client group over the two-year period; there have been between 140 and 180 clients under treatment for alcohol use only in any month during this period. There are relatively low numbers of people attending for non-opiate use only and alcohol and non-opiate use. There are usually between 30 and 60 clients under treatment in each group during this time.

Figure 7: Total number of people in treatment by substance for the period October 2019 to September 2020



Source: NDTMS Adult Activity Partnership Report. Quarter 2 2020-21[29]

Figure 8 shows that for opiate users in treatment, the percentage of successful completions is low (less than 10%). Successful completion rates for non-opiate use only, alcohol use only and alcohol and non-opiate use only are moderate (between 30-40%).

Figure 8: successful completions as a proportion of all clients in treatment for the period 01/04/2019 to 31/03/2020 (baseline period) and 01/10/19 to 30/09/20 (latest period).

	Baseline period		D.O.T	Latest period	
	(%)	(n)	B	(%)	(n)
Opiate	7.6%	20 / 264	▼	6.9%	17 / 248
Non-opiate only	46.3%	19 / 41	▼	34.0%	16 / 47
Alcohol only	39.4%	76 / 193	▲	41.4%	67 / 162
Alcohol and non-opiate only	34.4%	11 / 32	▼	25.8%	8 / 31

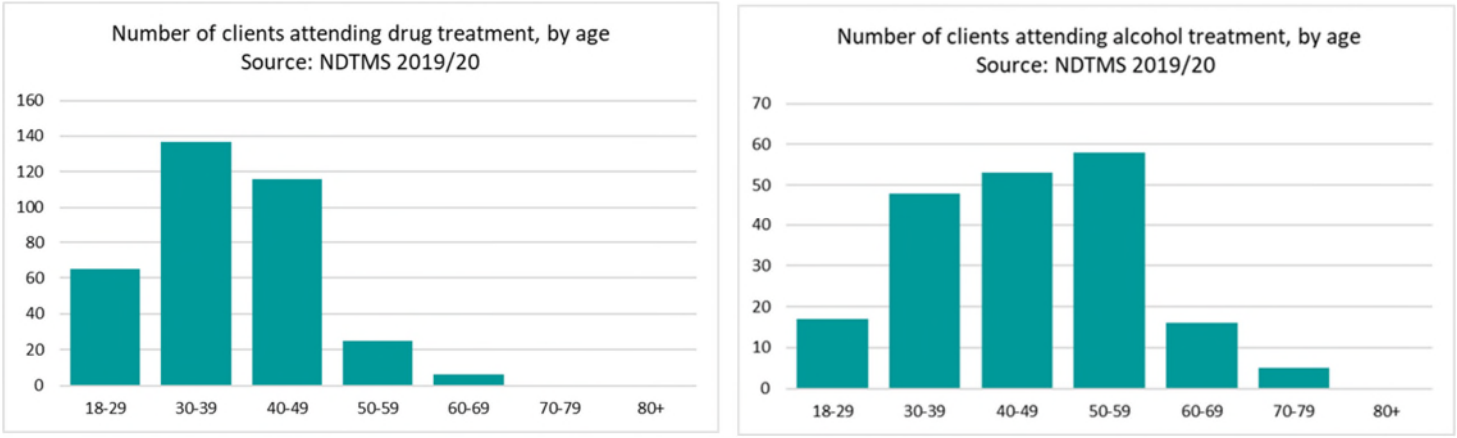
* D.O.T = direction of travel when latest period is compared to the baseline period.

Source: NDTMS Adult Activity Partnership Report. Quarter 2 2020-21[29]

Age and sex of clients entering drug and alcohol treatment

In RBWM, data shows that residents attending for drug treatment or drug and alcohol combined, are predominantly White British (87%), male (74%) from the UK (91%)[11]. For new clients who started treatment within the last year, the gender split is more equal (47% male, 49% female) indicating that the 'long term' clients tend to be male[11]. Client age ranges from 18 to 69, with most clients in the age range of 30 to 50 years[11]. Residents attending services only for alcohol treatment are predominantly White British (86%)[9]. The gender split is more equal with 57% male and 43% female. Client age ranges from 18 to 70 years, with most clients in the age range of 30 to 60 years[9].

Figure 9: Age distribution of residents attending drug and alcohol services for treatment.



Source: NDTMS Adult Activity Partnership Report. Quarter 2 2020-21[29]

4.3.2 Key data showing demand on public services from Tier 3/4 drug and alcohol clients

Residents in RBWM with significant substance use issues (defined as those requiring Tier 3 or Tier 4 level interventions) typically have complex, long-term health and social welfare needs. These individuals are typically supported by multiple public services at any one time.

There is no single dataset that fully describes the support accessed by this population. As such, this health needs assessment has sought to collate data on these 'touchpoints' between this complex client group and public services in RBWM. It is intended that this will help inform the design of appropriate effective interventions for improving outcomes.

Figure 10: public services supporting residents with Tier 3/4 drug and alcohol misuse issues.

Source: RBWM Public Health Team

The key findings from the multi-source data that follows are:

- Although residents receiving Tier 3/4 level drug and alcohol treatment are a relatively small cohort in terms of numbers, the support they receive across multiple service areas is resource-intensive without fully meeting their level of need.
- Services directing resources towards this cohort of the population include Mental Health Services, Adult and Children's Social Care, Homelessness and Rough Sleeper Team, the Criminal Justice System, NHS services, community Pharmacies and the Voluntary and Community Sector.
- There is an opportunity to consider delivering services via a different model, potentially using a 'dispersed' model of psychosocial support for adults and parents with multiple disadvantages and complex lives. This could see Key Workers trained to deliver psychosocial interventions on drug and alcohol use, within Housing and Homelessness Services, and Children's and Adult's Social Care, and building strong links with the criminal justice system and mental health services, thereby taking a holistic approach to a client's needs.

Referral route

The route into treatment for alcohol issues is predominantly self-referral. As shown in Figure 11, referral links exist with a wide range of other services.

Figure 11: referral source at the start of the client's treatment journey for all clients starting treatment within date parameters.

5.1 Referral Source (new treatment journey)	1 Apr - 30 Jun		1 Apr - 30 Sep	
Self, family and friends	33 / 48	68.8%	68 / 95	71.6%
Criminal justice	4 / 48	8.3%	5 / 95	5.3%
GP	3 / 48	6.3%	6 / 95	6.3%
Community based care	1 / 48	2.1%	3 / 95	3.2%
Children & families	2 / 48	4.2%	2 / 95	2.1%
Accident & emergency	0 / 48	0.0%	0 / 95	0.0%
Hospital	1 / 48	2.1%	1 / 95	1.1%
Other health & mental health	0 / 48	0.0%	1 / 95	1.1%
Substance misuse services	1 / 48	2.1%	1 / 95	1.1%
Housing	0 / 48	0.0%	0 / 95	0.0%
Other	3 / 48	6.3%	8 / 95	8.4%
Missing / inconsistent	0 / 48	0.0%	0 / 95	0.0%

Source: NDTMS Adult Activity Partnership Report. Quarter 2 2020-21[29]

Interventions from other services accessed during drug and/or alcohol treatment pathway

During treatment for drug and/or alcohol problems, clients may be linked with a range of services to support their wider psychological and social needs. Of the support services available, housing support and recovery check-ups are the most utilised interventions for people in drug and/or alcohol treatment.

Figure 12: The number and type of interventions recorded in 6-month date parameters

Quarter 2 2020-2021

Restricted
Click here to

9.1 Sub-intervention reviews	1 Jan - 30 Jun	1 Apr - 30 Sep	No. clients Year To Date who had a review in the period	
	No.	No.	No.	%
Recovery support interventions				
Peer support	2	1	1 / 367	0.3%
Mutual aid	1	1	1 / 367	0.3%
Family support	0	0	0 / 367	0.0%
Parenting support	0	0	0 / 367	0.0%
Housing support	20	23	15 / 367	4.1%
Employment support	0	0	0 / 367	0.0%
Education & training	0	0	0 / 367	0.0%
Supported work projects	0	0	0 / 367	0.0%
Recovery check-ups	55	55	37 / 367	10.1%
Relapse Prevention	1	3	3 / 367	0.8%
Complementary therapies	0	0	0 / 367	0.0%
Mental health interventions	0	2	2 / 367	0.5%
Smoking cessation	1	1	1 / 367	0.3%
Domestic Abuse Support Facilitation	0	0	0 / 367	0.0%

*The number and type of interventions is shown on the left (one client may receive an intervention more than once). The client-level figure on the right shows all clients in treatment between 01/04/20 and 30/09/20 and the number and percentage of clients who received these interventions (intervention only counted once per client).

Source: NDTMS Adult Activity Partnership Report. Quarter 2 2020-21[29]

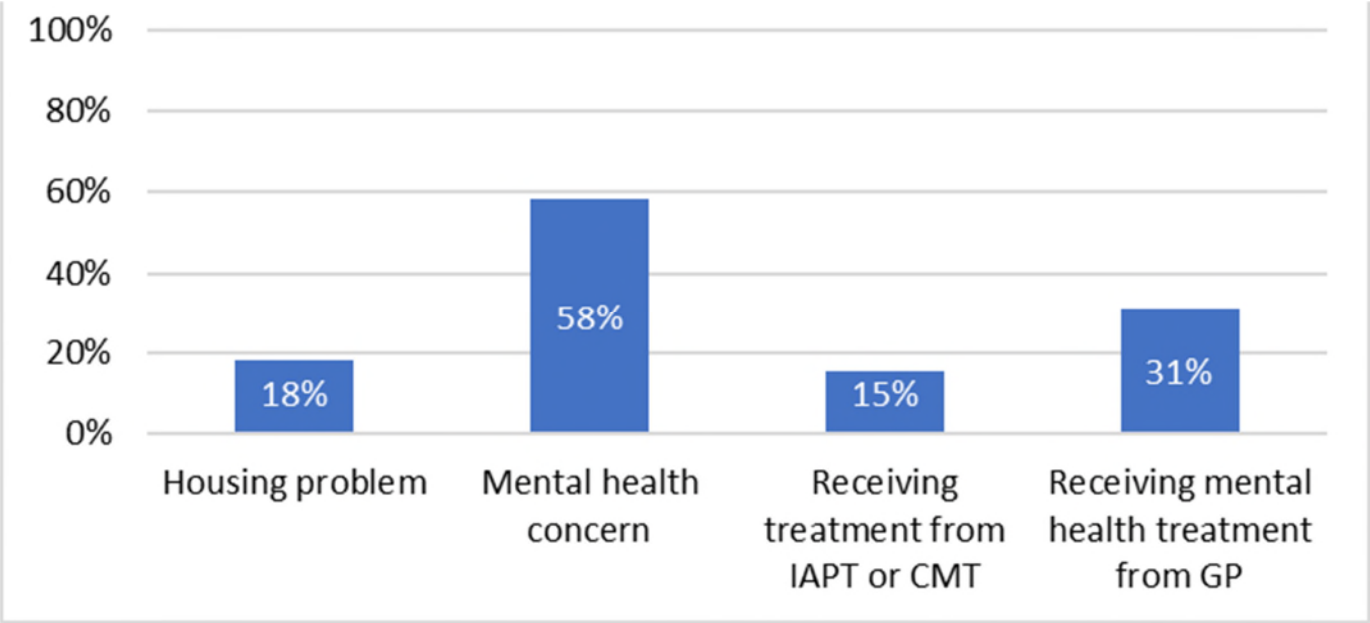
Mental health

50% of clients entering treatment for alcohol problems only, had a co-occurring mental health need, of whom 85% were already receiving mental health treatment from the community mental health team (24%), psychological therapy via the IAPT programme (8%), GP (45%) or another source (6%)[9].

52% of clients entering treatment for drug/drug and alcohol problems had a co-occurring mental health need, of whom 63% were already receiving mental health treatment from the community mental health team (17%), psychological therapy via the IAPT programme (10%) or GP (36%)[11]. No missing/incomplete data was reported.

Local data recorded by the Cranstoun drug and alcohol service indicates around 18% people enter drug and/or alcohol treatment with a housing problem and 58% have a mental health problem.

Figure 13: percentage of new Craunstoun clients reporting housing and mental health issues at the start of drug and/or alcohol treatment in 2020/21 (total clients = 356).



Source: internal data from Cranstoun Drug and Alcohol service, unpublished.

Housing

Although a high proportion of clients report no housing problem at the start of treatment, there is a small but significant proportion who report housing problems or urgent housing problems. Further analysis shows that housing problems and urgent housing problems are more common amongst clients attending for drug use than those attending for alcohol use.

Figure 14: All clients starting drug and/or alcohol treatment within the date parameters and their accommodation needs as recorded on NDTMS at the start of treatment

Quarter 2 2020-2021

14.7 Accommodation need (new treatment journey)	1 Apr - 30 Jun		1 Apr - 30 Sep	
	No.	%	No.	%
NFA - urgent housing problem	6 / 48	12.5%	7 / 95	7.4%
Housing problem	2 / 48	4.2%	5 / 95	5.3%
No housing problem	40 / 48	83.3%	80 / 95	84.2%
Other / Not answered	0 / 48	0.0%	3 / 95	3.2%

Source: NDTMS Adult Activity Partnership Report. Quarter 2 2020-21[29]

Employment status and reliance on social security system

As shown in Figure 15, a third of clients are in regularly employment at the start of treatment, a third are classed as long-term sick or disabled and a quarter are unemployed and seeking work. The remainder of clients are classed as students, homemakers or retired.

The employment rate for alcohol-only clients is 50%, with 26% unemployed and 22% classified as unable to work due to long-term sickness[9]. This data was unrecorded for 1% clients. The rate of employment is lower amongst clients attending for drug and drug/alcohol problems at 33%, with 40% unemployed and a further 27% clients classified as unable to work due to long-term sickness[11]. No data was missing/incomplete for drug treatment clients.

Figure 15: employment status as recorded on NDTMS at the start of the client's treatment journey

14.8 Employment Status (new treatment journey)	1 Apr - 30 Jun		1 Apr - 30 Sep	
	No.	%	No.	%
Regular Employment	16 / 48	33.3%	36 / 95	37.9%
Pupil / student	1 / 48	2.1%	2 / 95	2.1%
Economically Inactive	0 / 48	0.0%	0 / 95	0.0%
Unemployed	0 / 48	0.0%	0 / 95	0.0%
Other	0 / 48	0.0%	0 / 95	0.0%
Unknown	0 / 48	0.0%	0 / 95	0.0%
NEET	0 / 48	0.0%	0 / 95	0.0%
Pupil Referral Unit	0 / 48	0.0%	0 / 95	0.0%
Long term sick or disabled	16 / 48	33.3%	26 / 95	27.4%
Homemaker	1 / 48	2.1%	1 / 95	1.1%
Unemployed and seeking work	12 / 48	25.0%	25 / 95	26.3%
Not receiving benefits	0 / 48	0.0%	0 / 95	0.0%
Unpaid voluntary work	0 / 48	0.0%	0 / 95	0.0%
Retired from paid work	2 / 48	4.2%	2 / 95	2.1%
Unemployed and not seeking work	0 / 48	0.0%	0 / 95	0.0%
Not stated	0 / 48	0.0%	0 / 95	0.0%
Missing / inconsistent	0 / 48	0.0%	3 / 95	3.2%

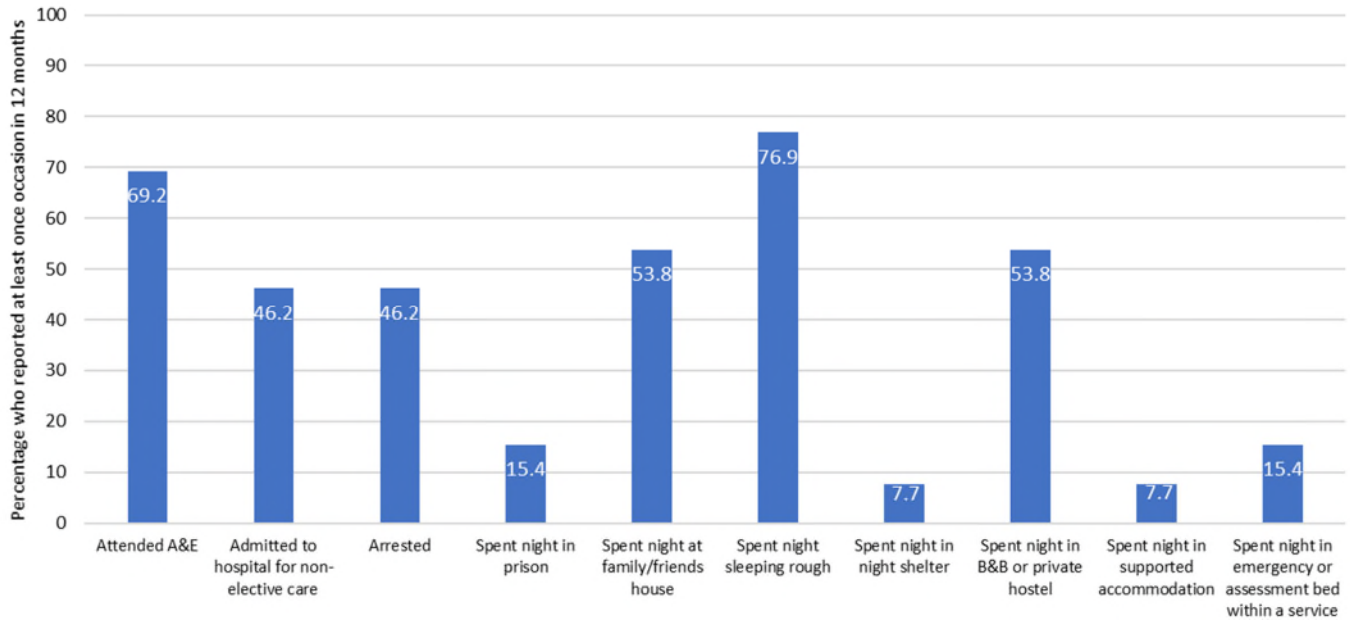
Source: NDTMS Adult Activity Partnership Report. Quarter 2 2020-21[29]

Making Every Adult Matter (MEAM) programme

The MEAM programme supports the complex cohort of RBWM residents who face multiple disadvantage. Clients are supported along a personal centred support plan and linked with relevant services in a coordinated way. All opiate users enrolled in drug treatment with Cranstoun are linked to the MEAM programme.

The RBWM MEAM cohort have a relatively high frequency of interaction with healthcare services, the criminal justice system and housing and homelessness services, as shown in Figure 16.

Figure 16: Percentage of MEAM clients with incidences of homelessness, hospital care and criminal justice in 12 months from January to December 2019, based on a case study of 13 clients

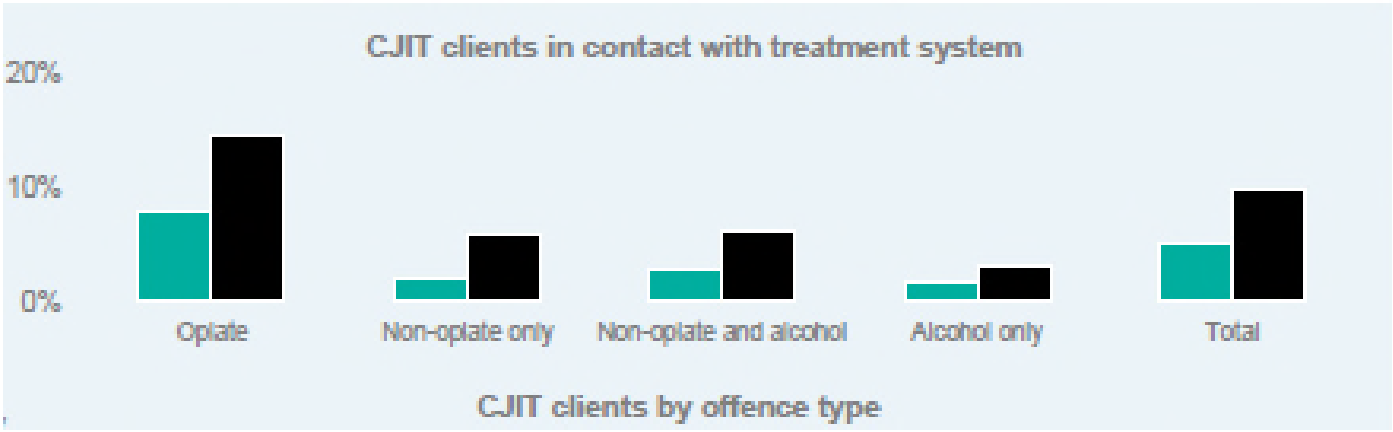


Source: internal data from the RBWM Making Every Adult Matter programme, unpublished.

Criminal justice system

Data from the Criminal Justice System indicate that it is primarily clients being treated for opiate use, with complex support needs, who have contact with the criminal justice system.

Figure 17: Data from the Criminal Justice Interventions team showing the proportion of clients who were either referred to treatment via a criminal justice referral pathway or were in concurrent contact with both the Criminal Justice Interventions Team (CJIT) and a community drug and alcohol treatment setting



Source: PCC Support Pack 2021-22. Key Drug and Alcohol data[30]

Social services

Social services data indicates that the impact of drug and alcohol misuse in RBWM reaches our children and young people. Around 15% of people in treatment live with some or all their children.

Of clients living with children, around a third have children supported by Children's Social Services – either at the stage of Early Help, Child Protection Plan or Looked After Child.

Figure 18: All clients starting treatment within the date parameters, whether living with children and children's social care status where client's are living with children

Quarter 2 2020-2021

14.12b Parental status (all in treatment)	1 Apr - 30 Jun		1 Apr - 30 Sep	
	No.	%	No.	%
All the children live with client	42 / 313	13.4%	50 / 326	15.3%
Some of the children live with client	4 / 313	1.3%	5 / 326	1.5%
None of the children live with client	86 / 313	27.5%	95 / 326	29.1%
Not a parent (CDS O)	181 / 313	57.8%	176 / 326	54.0%
Client declined to answer	0 / 313	0.0%	0 / 326	0.0%
Other (CDS O)	0 / 313	0.0%	0 / 326	0.0%

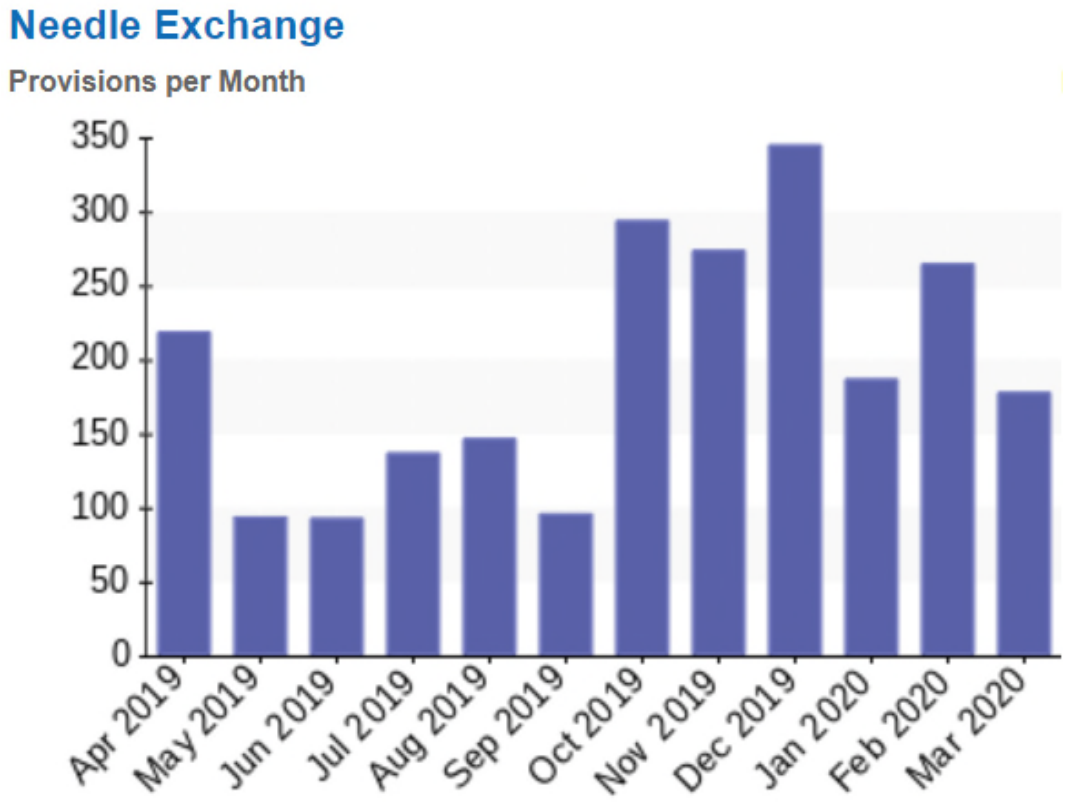
14.13 Children's Social Care (client living with children)	1 Apr - 30 Jun		1 Apr - 30 Sep	
	No.	%	No.	%
Early Help	3 / 16	18.8%	5 / 39	12.8%
Child in need	0 / 16	0.0%	0 / 39	0.0%
Has a child protection plan	1 / 16	6.3%	3 / 39	7.7%
Looked after child	2 / 16	12.5%	5 / 39	12.8%
No early help	27 / 16	168.8%	42 / 39	107.7%
Client declined to answer	0 / 16	0.0%	0 / 39	0.0%
Missing / inconsistent	0 / 16	0.0%	0 / 39	0.0%

Source: NDTMS

RBWM Pharmacy Services: Needle Exchange and Supervised Consumption

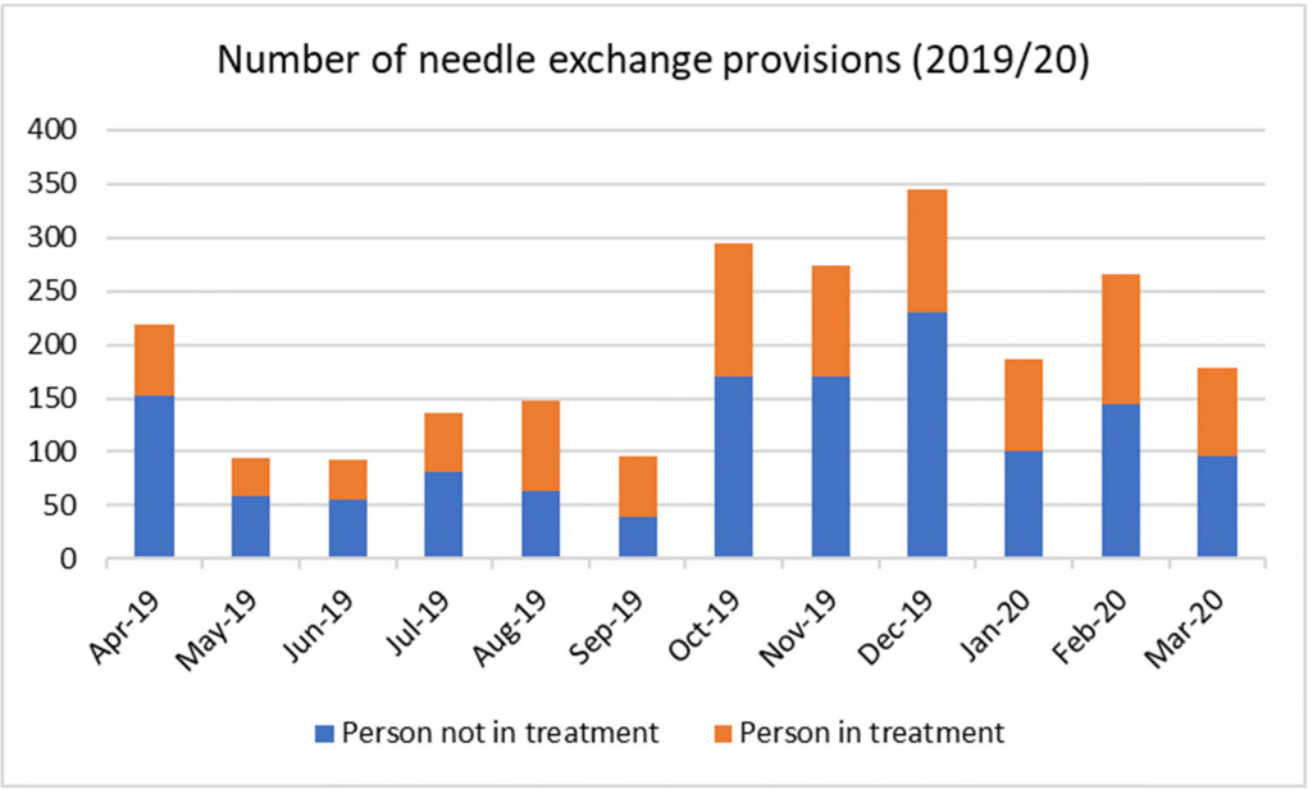
Several pharmacies across RBWM are commissioned to provide needle exchange and supervised consumption services. Summary data is included here to show the utilisation of these services for the financial years 2019/20 and 2020/21.

Figure 19: Number of needle packs provided per month in RBWM Pharmacies commissioned to provide this service in 2019/20



Source: PharmOutcome report for 2019/20

Figure 20: Number of needle exchange provisions split by whether provided to a person in drug treatment or not in drug treatment

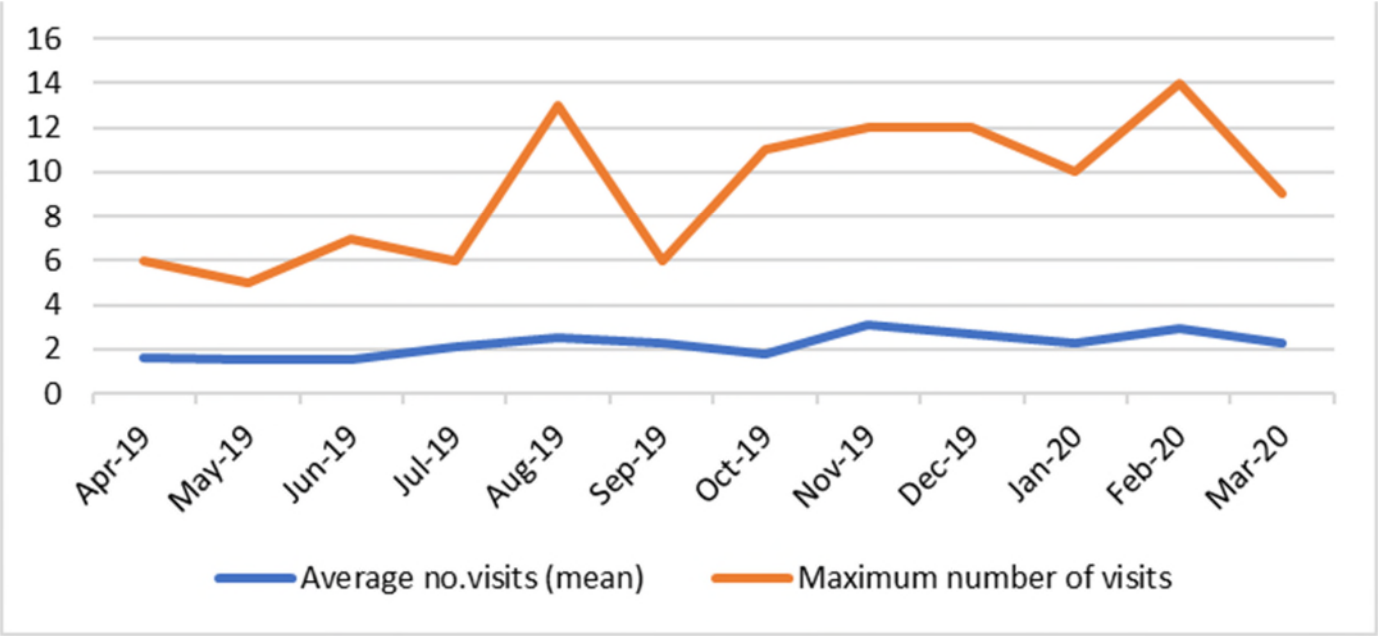


Source: PharmOutcomes report for 2019/20

Average attendances at needle exchange per person

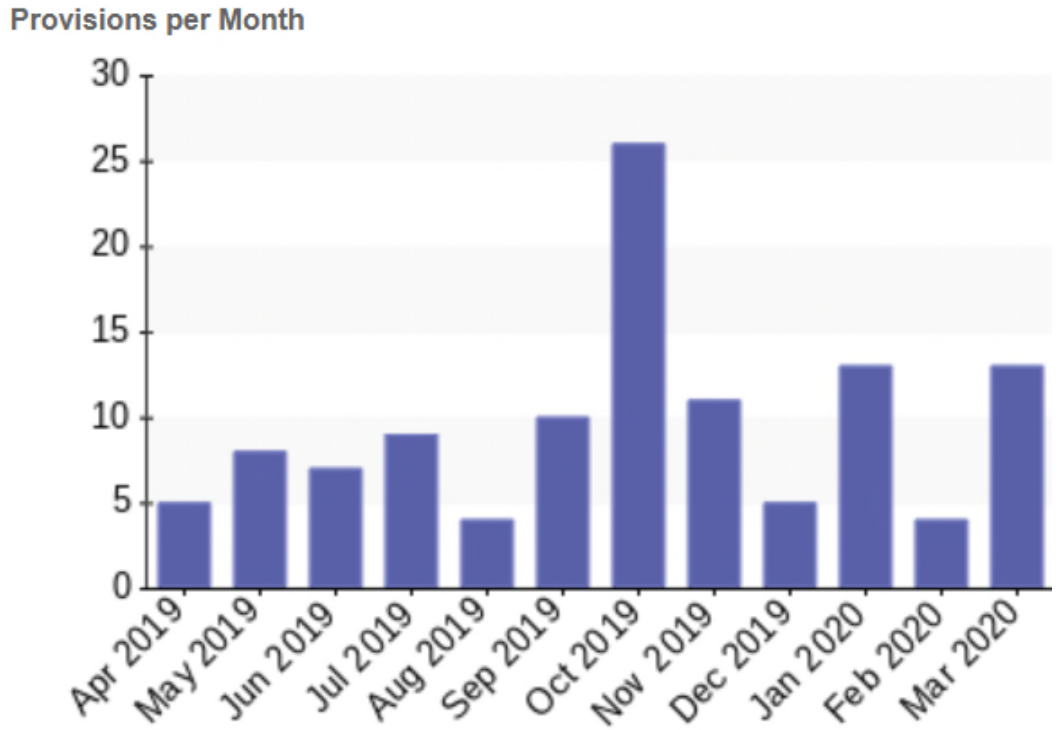
The chart below indicates how often people used the needle exchange each month. The data only includes a subset of the full dataset as not all attendances were linked with a named person. The data also only includes 'active' users of the needle exchange, defined as all those who visited at least once in the month. The data indicates that of all active needle exchange users, it was most common for people to attend the needle exchange around twice a month (with some variation around this). A minority of attendees visited the needle exchange more regularly – up to 14 times a month.

Figure 21: Data from PharmOutcomes showing the average and maximum number of visits to needle exchange per person for month for those who attended at least once in month (i.e. for 'active' needle users)



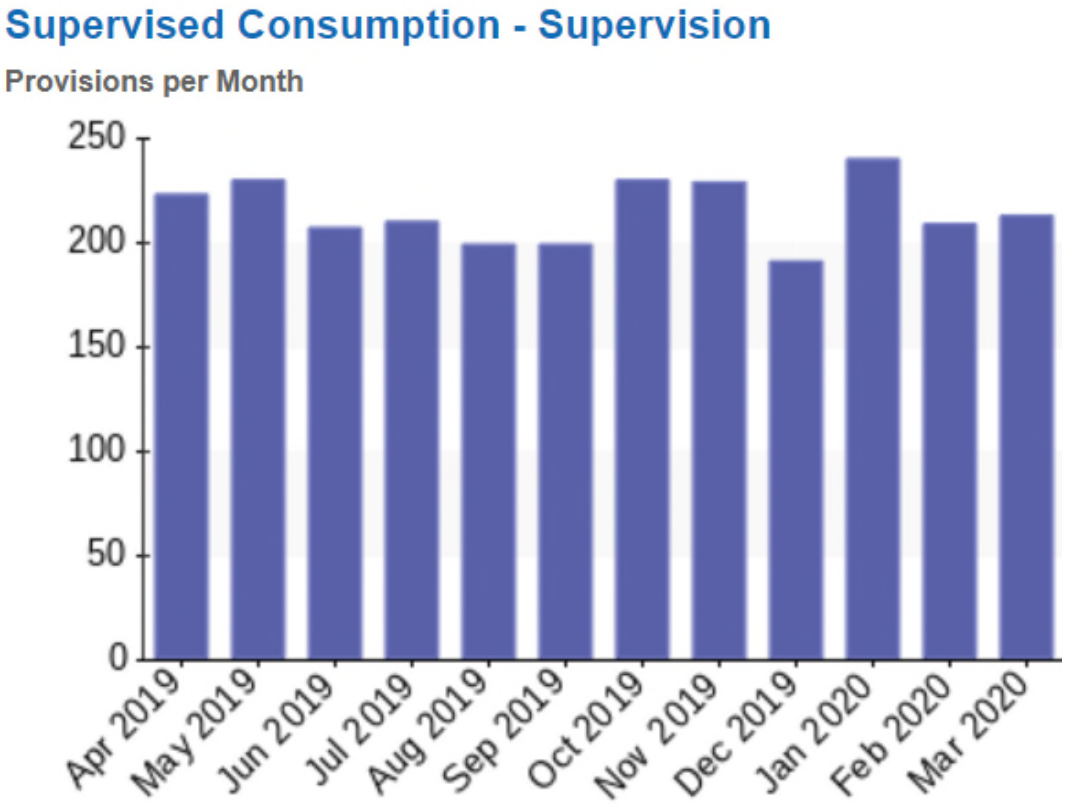
Source: PharmOutcomes report for 2019/20

Figure 22: Data from PharmOutcomes showing new registrations for supervised consumption in RBWM in 2019/20



Source: PharmOutcomes report for 2019/20

Figure 23: Data from PharmOutcomes showing supervised consumption provisions per month in 2019/20



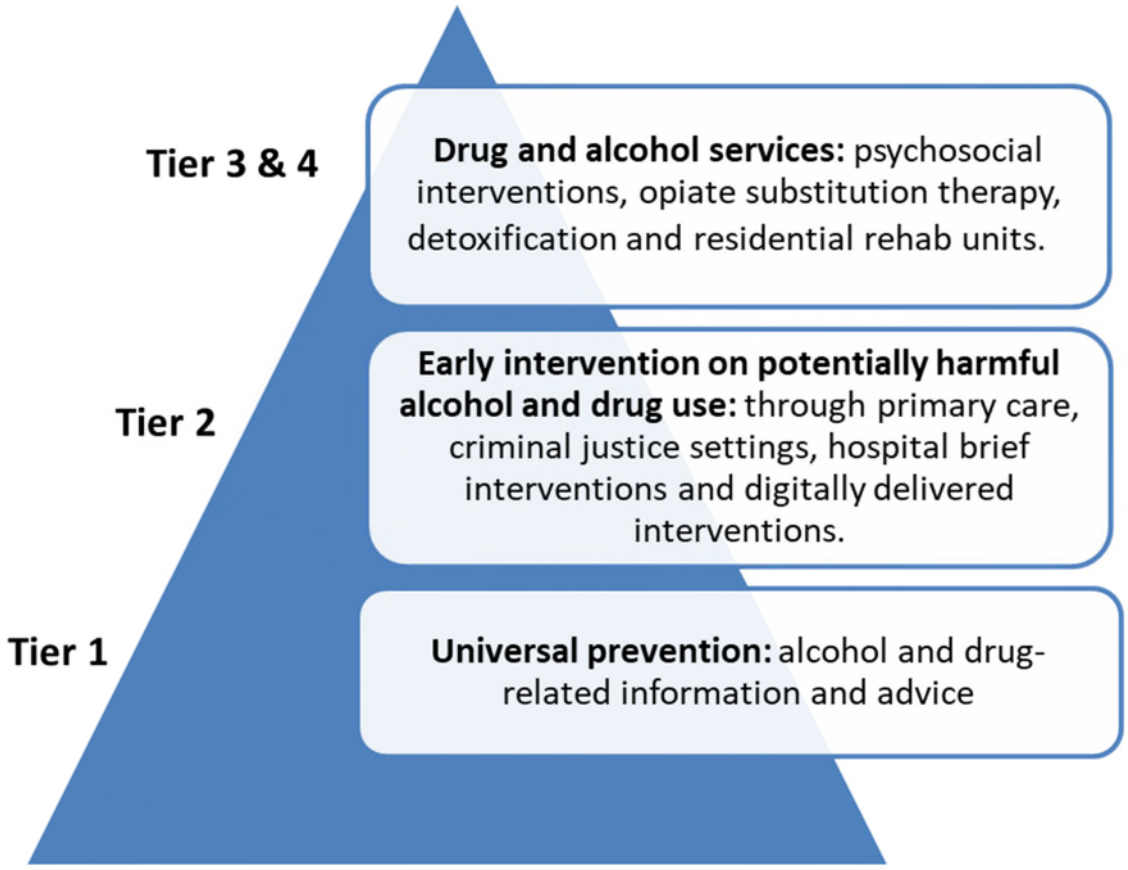
Source: PharmOutcomes report for 2019/20

5.0 Prevention and treatment for alcohol and drug use in RBWM

5.1 The tiered approach to prevention and treatment

Approaches to the prevention and treatment for alcohol and drug use are proportionate to the level of need, as shown in Figure 24.

Figure 24: interventions for the treatment and prevention of harm from alcohol and drugs, at each Tier of need



Source: RBWM Public Health team

5.1.1 Interventions for Tier 1 population

The RBWM Public Health team does not currently lead universal prevention work on alcohol and drugs to the adult population. This work is primarily carried out at a national level, for example by Public Health England and the NHS, in the form of alcohol and drug related information and advice[13,14]. One example is the PHE One You campaign. This campaign includes resources for local authorities to utilise, aimed at "encouraging people to reappraise their lifestyle choices, put themselves first and do something about their own health."[14] This campaign is not specific to alcohol, it encourages a healthier diet, drinking less alcohol, exercising more and quitting smoking.

PHE encourages Local Authorities share and promote these resources. RBWM could potentially widen the reach of appropriate information and advice produced from reputable sources through its key communication channels to residents.

5.1.2 Interventions for Tier 2 population

Tier 2 are the population who may be using alcohol and drugs at levels likely to cause harm to health but are typically not labelled as having a 'problem.' This cohort may wish to access help, advice or support early, in an everyday way, without being in crisis or necessarily wanting to become abstinent. They may want to 'cut back' but have fears about judgement if they were to access a designated addiction treatment service.

The Tier 2 population in RBWM have access to the commissioned drug and alcohol service. However, due to the perceived stigma attached to drug and alcohol Services, relatively few residents with emerging or low-level issues contact the Drug and Alcohol Service.

There are also a number of resources available online for individuals seeking help with alcohol and drugs, such as Drinkline[15] and Alcoholics Anonymous[16] which provide information and signpost support services. A more complete list of the online support accessible to RBWM residents, identified by online search engine can be found in Appendix 1.

Many support services for alcohol and drugs are starting to develop behavioural change programmes through digital media, such as smartphone apps. Digital interventions for alcohol reduction have a number of advantages over face-to-face methods, such as a low cost per user, greater reach, avoidance of stigma associated with receiving help in person and that they are highly convenient to use[17]. There is good evidence for the use of digital interventions to help people reduce alcohol consumption. Evidence from a systematic review found that digital interventions may lower alcohol consumption by an average of up to 3 UK units per week[17]. Although the review did find that the changes are not quite as large and of a shorter duration compared with face to face interventions in primary care which have shown average reductions closer to 5 units per week[17]. However, the reach and accessibility of digital interventions mean that the population impact could potentially be greater[17].

NICE have produced commissioning guidance for digital and mobile health interventions. These highlight key considerations such as equality of access, cost, expert sources and impact on and partnerships with existing services[18].

Examples of free digital resources available to support behaviour change in relation to drinking alcohol can be found in Appendix 2. These examples were included in the systematic review. Local authorities can improve take-up of digital interventions for alcohol and drug use through signposting and endorsing these free tools.

A limitation of free online tools is that Local Authorities are not able to monitor uptake and outcomes for the individuals accessing support in this way. Such data would potentially improve understanding of the population in need of support. An alternative solution is for local authorities to commission digital interventions that can be offered to the Tier 2. For example, the Lower My Drinking intervention via the Breaking Free Group. This evidence-based digital solution aims to reduce alcohol related harm at a population level through targeted prevention and early intervention. Outcome data is made available to Local Authorities.

The description of this commissioned service states:

"This comprehensive digital solution reduces alcohol-related harm on a population-wide scale through prevention and early intervention. It allows people to self-assess their current drinking in multiple languages at their own convenience and receive instant feedback on the potential health risks this presents. It then seamlessly delivers the precise level of intervention each individual needs to reduce their alcohol use to safer levels, which for most will be through self-management:

- *Positive reinforcement (lower risk)*
- *Brief intervention and advice (increasing risk)*

- *Extended brief intervention (higher risk)*
- *Signposting to local specialist alcohol services (possibly dependent)*

The extended brief intervention in Lower My Drinking is a fully personalised 4-week programme accessible 24/7 via an app on Android and iOS devices. This allows people to track their drinking and use evidence-based behaviour change techniques to address the underlying issues that are motivating them to drink too much."

The Breaking Free Group also offer a targeted digital intervention tailored for people taking illicit drugs.

5.1.3 Interventions for Tier 3 and 4 population

Tier 3 and 4 interventions are currently available to residents in RBWM.

This population require specialist support for managing alcohol and drug problems. This commonly includes psychosocial therapy and pharmacological interventions in the form of opiate substitution therapy (OST) for drug addictions. Occasionally there may be a need for admission to detoxification and rehabilitation units, although in RBWM this is uncommon due to individuals not meeting the level of need set out in locally-defined admission criteria.

There is an established drug and alcohol treatment service in RBWM, provided through a partnership between Cranstoun drug and alcohol service and Claremont and Holyport GP Practice. Cranstoun provide a comprehensive suite of interventions including psychosocial support (groupwork and 1-to-1 sessions), access to mutual aid including Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), harm reduction including needle exchange, blood-borne virus testing, hepatitis vaccinations and naloxone provision, and health and wellbeing checks. Claremont and Holyport GP Practice provide a clinical prescribing service for clients in need of opiate substitution therapy.

The treatment services are supported by a network of pharmacies across RBWM, who provide supervised consumption for opiate substitution therapy and additional needle exchange services.

6.0 Appendices

Appendix 1: Free support services for RBWM residents seeking support with alcohol and/or drug use

Alcohol

Alcoholics Anonymous: is a free self-help group. Its "12 step" programme involves getting sober with the help of regular support groups. Support can be accessed through a national helpline, via email or through attending group meetings (held regularly in Windsor and Maidenhead and online).

Al-anon family groups: offers support and understanding to the families and friends of problem drinkers, whether they're still drinking or not. Alateen is part of Al-Anon and can be attended by 12- to 17-year-olds who are affected by another person's drinking, usually a parent.

Drinkline: The national alcohol telephone helpline. Drinkline offers the following services: Information and self-help materials; help to callers worried about their own drinking; support to the family and friends of people who are drinking; advice to callers on where to go for help.

Drink Chat: Online messaging support and confidential advice, provided by trained advisors from the national alcohol support service Drinkline.

We are with you: a UK-wide treatment agency that helps individuals, families and communities manage the effects of drug and alcohol misuse in local authorities with a commissioned service. These services are not commissioned in RBWM. However, We are with you do provide a free confidential telephone or webchat helpline for people anywhere in England aged over 50 years who are worried about drinking. Trained, experienced alcohol workers offer advice about alcohol's impact on health with ageing, advice and tips on cutting down.

Apps:

Alcohol Change: Try Dry App or coaching emails: https://alcoholchange.org.uk/get-involved/campaigns/dry-january/get-involved/the-dry-january-app

Alcohol and/or Drugs

Adfam is a national charity working with families affected by drugs and alcohol. Adfam operates an online message board and a database of local support groups.

Cocaine Anonymous: a voluntary organisation providing local online meetings, telephone and email support for people with drug problems and their families.

Talk to Frank: web advice on drug taking, with phone, text and email advice service.

Narcotics Anonymous: a voluntary organisation providing local online meetings, telephone and email support for people with drug problems and their families.

Appendix 2: Digitally provided behaviour change tools for alcohol reduction

- MyDrinkaware
- Down Your Drink
- Drinks Meter
- Don't Bottle It Up (Drink Coach)
- NHS Drink Free Days/One You app (PHE)
- Drink Less app (UCL)

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SERVICE SPECIFICATION FOR THE PROVISION OF INTEGRATED ADULT DRUG AND ALCOHOL TREATMENT AND RECOVERY SUPPORT SERVICES

1 April 2022 – 31 March 2027

1) Introduction

"Building a borough for everyone – where residents and businesses grow, with opportunities for all"

The Royal Borough of Windsor and Maidenhead (RBWM) is committed to ensuring that we deliver the most effective services for residents which improve outcomes, whilst ensuring best value for money.

The misuse of drugs and alcohol presents a wide range of social and health issues. It can have serious consequences for individuals, their family members and whole communities including crime, domestic abuse, child abuse and neglect, family breakdown, homelessness and physical and mental health problems.

The Royal Borough is seeking to appoint a single provider to deliver an integrated drug and alcohol recovery service for residents as detailed in this Service Specification. The appointed provider (the Provider) shall ensure that all services begin from the commencement date of the contract, 1st April 2022.

This Adult Drug and Alcohol Recovery Service Specification describes the characteristics required of an effective treatment and recovery service that's objective is to support and assist service users to implement meaningful change in their lives and make positive contributions to society and their local community. It is now known that many drug and alcohol clients use substances as a means of escape from past trauma, mental health issues and adverse childhood experiences, often leaving them more vulnerable, through a revolving door of prison and homelessness. Nationally, the direction of travel of drug and alcohol services is moving towards a Public Health approach, using trauma informed models of care and support, with criminalisation only after exploring all support options.

The service model will be based on a **Central Hub and Satellite Services Model**. This will include a small main central hub in Maidenhead, an additional Satellite clinic in Windsor, and Key Worker Support mainly based within local services. This will provide a joined-up approach to recovery, particularly for adults with multiple disadvantages and complex lives. The support will be available to any adult that resides in the Royal Borough, and it is expected that the Provider will operate a triage system to prioritise appointments and manage demand and capacity.

Less than ten service users have needed access to Residential Rehabilitation or Inpatient Detoxification in the last three years. Support has been managed via community detoxification and robust Pathway Plans encouraging self-help and engagement with a wide range of services, including mutual aid and peer networks to support recovery. Therefore, these services for drug and alcohol will sit outside of this contract and will remain the responsibility of the Local Authority Public Health Contracts and Commissioning Lead, however it is expected that the Provider will work in partnership with the Commissioner to offer professional judgement to help guide treatment decisions for service users requiring intensive support.

The Royal Borough's Health and Wellbeing Strategy refresh 2021 will include the following core principles:

- Community-Centric - Investing in communities and their assets and connecting individuals to them
- Strengths Based - Capitalising on the strengths of individual people and communities to help themselves
- Effectiveness - Maximising the use of all our resources to secure efficiency and value for money
- Outcomes Focus - Demonstrating what we are doing is working for our residents

1.2) Vision and Values

The Provider will:

- Empower Service Users to make positive behaviour changes, with recovery being at the heart of all interventions
- Provide the most effective clinical treatment options in line with appropriate guidance
- Promote access to self-help and recovery support, through digital options, mutual aid, peer mentoring and volunteering opportunities
- Co-produce recovery plans with Service Users and review regularly
- Deliver trauma informed care and support in a non-discriminatory way
- Be easily accessible to all service users within the Royal Borough
- Promote safeguarding and safety for all
- Work in close partnership with other services to coordinate care effectively
- Ensure Service Users have a clear exit strategy for the end of treatment, linking them to other community services to continue their self-care and recovery journey
- Skill staff to provide holistic and assertive support using a trauma informed model
- Be fully accountable to Service Users and key stakeholders

1.3) National Legislation, Guidance and Good Practice

It will remain the responsibility of the service provider to be aware of current and changing legislation governing and informing the delivery of services, and to ensure compliance with all changes to national legislation and published guidance on good practice such as, but not limited to:

- Care Act (2014)
- Children and Families Act (2014)
- Mental Capacity Act (2005)
- Mental Health Act (2014/15)
- Modern Crime Prevention Strategy (2016)
- Modern Slavery act (2015)
- National Institute of Clinical Excellence
- Public Health England

2) Background –The Royal Borough of Windsor and Maidenhead

The Royal Borough of Windsor and Maidenhead has an affluent and economically active population, ranking 304 out of 317 local authorities in England in the Indices of Multiple Deprivation (IMD) - where a ranking of 1 is the most deprived area.

The traditional model of delivering Drug and Alcohol Services hasn't met the needs of the 61,554 (51%) adult residents, that Public Health England's Predictive Analysis suggests may have unmet alcohol needs, or the 180 clients with multiple disadvantages and complex needs, including entrenched drug and alcohol issues, that are engaged with multiple local services.

RBWM has a specific cohort Service Users with entrenched drug and alcohol issues, multiple disadvantages and co-morbidities, all of whom arrive with long standing issues, attracted by the tourism industry and night-time economy in Windsor. Although they are a relatively small cohort in terms of numbers, they put a huge pressure on multiple service areas, without ever have their needs fully met.

This includes -

- Accident & Emergency
- Adult Social Care (Optalis)
- Ambulance Services
- Community Mental Health Team
- Community Wardens
- GPs and Primary Care Services
- Homelessness, Making Every Adult Matter and the Rough Sleeper Pathway Team

- Hospital admissions
- Police and Community Support Officers
- Probation
- Voluntary and Community Sector

This is reflected in the Drug and Alcohol budget spend, which sees services for this cohort take up over 95% of the available grant funding. Nationally and locally, only around 6% of Heroin and Crack Cocaine users successfully complete a course of treatment and don't return to the service within 6 months.

Of key concern to Children's Social Care (Achieving for Children) is parental alcohol and drug use. In many of these cases, there are also concerns regarding parental mental ill health and domestic abuse (regarded as the Toxic Trio), which are often driven by trauma from their own adverse childhood experiences.

In the Royal Borough, we are developing a Place Based approach, building on our existing partnerships to scale up infrastructure projects to encourage community cohesion and self-care and tackle key themes linked to multiple disadvantages.

As the Drug and Alcohol service is being recommissioned, digital approaches have become more widespread and acceptable for the majority of residents with lower level needs, and services for the most vulnerable client groups are joining up, we have the opportunity to consider a different approach to the delivery of the Structured Psychosocial Support element of the service.

3) RBWM Drug and Alcohol Health Needs Assessment 2021

A comprehensive Drug and Alcohol Health Needs Assessment was developed earlier in the year. The key findings are summarised below, and further information can be accessed in the full RBWM Needs Assessment document and accompanying slide deck.

Alcohol Use

- Predictive analysis undertaken by Public Health England (PHE) indicates that there could be between 46,709 to 77,607 adults in RBWM drinking more than 14 units of alcohol a week, with the average being 61,554 (51%) adults; considerably higher than the England average of 25.7%
- Similar PHE Predictive Analysis indicates that there could be approximately between 875 and 1068 adults needing treatment for alcohol dependence
- Data from the National Drug Treatment Monitoring System (NDTMS) shows that 291 residents accessed treatment for alcohol issues in 2019/20
- The PHE Outcomes Framework data for 2019/20, shows that hospital admissions for all alcohol related issues in RBWM is rated 'Green'

Drug Use

- Predictive analysis undertaken by PHE indicates that there could be between 397 and 729 people aged 15 to 64 using opiates and/or crack cocaine, an average rate of 5.57 per 100,000 people aged 15 to 64, lower than the national estimate of 8.85.
- NDTMS data shows that 349 residents accessed drug treatment services in 2019/20, of which 240 were prescribed opiate substitution therapy, the majority of these also had severe alcohol abuse issues. 66% of Service Users were in treatment for 2 years or less and 9% adults attending treatment had been in treatment services for 6 years or more.
- The same data set shows that 6 residents attended services for the use of 'club drugs', none of whom reported also using opiate drugs.
- The rate of hospital admissions for drug poisoning in 2019/20 was 29.7 per 100,000 population, lower than the national rate of 53.8 per 100,000 in England.

Combined Alcohol and Drug Use

Clients with multiple disadvantages and complex needs, invariably have significant, chronic and enduring issues with a combination of both alcohol and drugs. Data from the National Drug Treatment Monitoring System (NDTMS) shows that in 2019/20, 94 Service Users were attending for combined alcohol and drug use.

For the period April 2020 to January 2021, 530 child cases recorded parental alcohol and drug use as the primary concern. In 2019/20, NDTMS data showed that 31 new presentations for alcohol support were living with children, as were 13 new presentations for drug treatment.

4) Summary of Current Services (2017-2022)

The two main contracts for Drug and Alcohol Services were awarded in 2017 Psychosocial Interventions and Harm Minimisation are delivered by Cranstoun, and Substitute Prescribing is delivered by Claremont and Holyport GP Practice. The original Contract ended on 31st March 2020, as the services were performing well and there was a 2-year extension period allowable, Cabinet agreed for the Contracts to be extended until 31st March 2022.

There are also a number of small Contracts with individual Pharmacies to distribute Opiate Substitution Therapy, and provide a Supervised Consumption service, when required for clients with unstable addiction and behaviour patterns. These contracts end on 31st March 2022, and in future will be managed by the Service Provider as part of one single integrated contract.

Due to perceived stigma attached to drug and alcohol services, few adult residents with emerging or low-level issues, contact the Drug and Alcohol Service. Those who do tend to be younger and using alcohol and Class A or B drugs such as Cocaine and Cannabis for recreational purposes, yet Public Health England's Predictive Analysis suggests that there may be as many as 61,554 (51%) adult residents in RBWM with unmet needs in relation to alcohol.

The need to recommission drug and alcohol services and changes brought about by Covid-19 restrictions, has provided an opportunity to consider different models of providing early intervention and recovery support. Digital options are more accessible and acceptable, providing an opportunity to develop local online support for early help and self-care.

Additionally, the traditional model of delivering stand-alone drug and alcohol services, and national indicators tracking 'Successful Completions without Representation', are out of step with the complex clients with multiple needs that are now entering the service. Nationally and locally, only around 6% of Heroin and Crack Cocaine users successfully complete a course of treatment and don't return to the service within 6 months.

As services within RBWM and those delivered by partners, are working together collaboratively to support the multiply disadvantaged and complex drug and alcohol users, trauma informed recovery support will be integrated within other services. Taking consideration of the broader issues and concerns these residents face on a daily basis, will increase the likelihood of a full recovery from addiction, and enable them to live healthy, safe and independent lives.

There are also some very active Voluntary, Charitable and Mutual Aid groups and networks operating in the Borough, and both Alcoholics Anonymous and Narcotics Anonymous use the Resilience building in Maidenhead for meetings.

5.) Consultation to Develop the Service Model and Specification

Introduction

The development of the drug and alcohol service model and commissioning specification was guided by informal consultation and collaborative discussions with key stakeholders, a comprehensive Health Needs Assessment and a Service Provider Market Event.

As both Slough and West Berkshire also need to recommission their drug and alcohol services from 1st April 2022, discussions were held with Commissioners and Public Health Managers in those areas to explore joint commissioning possibilities, but for various reasons they had no wish to pursue this course of action at the moment.

Consultees

<u>Locally</u>

- Achieving for Children
- Berkshire Healthcare Foundation Trust
- Community Mental Health Team
- CCG Commissioners
- Claremont and Holyport GP Practice (current provider)

- Community Safety Partnership
- Community Wardens
- Cranstoun (current provider)
- Housing/Homeless/MEAM/Rough Sleeper Pathway Teams
- Optalis
- Windsor Homeless Project

Regionally

- Berkshire and South East Drug and Alcohol Commissioners
- Drug and Alcohol Service Providers Market Event
- Heroin and Crack Action Area Lead (DCI Jason Kew)
- Public Health England Drug and Alcohol Lead (Tracey Goodhew)
- Police and Crime Commissioner's Office (Cath Marriott)

Models

Following initial discussions with partners and key stakeholders regarding a future delivery model for drug and alcohol services, four possible models were developed and consulted upon.

Model 1*: Recommission the existing model and service specification – with separate contracts for the Clinical Prescribing and Psychosocial elements*

Model 2*: Recommission the existing model with revised service specifications - separate contracts for the Prescribing including all Medical/Clinical elements and Psychosocial including responsibility for Pharmacies*

Model 3*: Recommission with one integrated contract to include Clinical Prescribing, Psychosocial and Pharmacy elements*

Model 4*: Recommission three separate Lots for Prevention, Clinical Prescribing and Psychosocial Support*

The model below for one integrated contract with Recovery Support staff working more closely with other services in the borough was favoured by all of the partners and key stakeholders consulted.

Drug and Alcohol Service - Psychosocial Interventions and Clinical Prescribing

- Brief intervention and signposting to online support for lower level needs (T2)
- Structured Psychosocial Treatment (T3)
- Coordinating Peer Support
- Access to Mutual Aid including Alcoholics and Narcotics Anonymous
- Include Pharmacy Needle Exchange and Supervised Consumption
- Opiate Substitution Therapy
- Include all Clinical/Medical interventions Medical Care including: Health & Wellbeing Checks, needle exchange, BBV testing & vaccinations, naloxone kits

An Options Paper outlining the findings and the model preferred by colleagues was presented to senior managers, who agreed for the model to be taken forward and further developed with partners and key stakeholders. This included: -

- RBWM Executive Director of Adults, Health and Housing – Hilary Hall
- Berkshire Director of Public Health – Tessa Lindfield
- RBWM Consultant in Public Health – Anna Richards

6.) Required Service Description

RBWM is tendering for the “Integrated” Drugs and Alcohol Recovery Service for Adults (The Service). The Service needs to be delivered in line with an evidence-based practice model, that attracts and engages substance misusers across the spectrum of need. From those with lower-level drug and alcohol issues who can support themselves through digital options and self-care, to those who are multiply disadvantaged, suffering from past trauma, and have many and complex needs including enduring mental health issues and homelessness.

The service will be delivered through a Central Hub and Satellite model. There is an existing central hub in Maidenhead, with the expectation of Prescribing Clinics being delivered in both Windsor and Maidenhead, and a person-centred, trauma informed model of psychosocial and recovery support being integrated within other RBWM services to develop joint pathways and approaches to support and self-care.

The journey of Service Users and their pathway through care should be kept under constant review by the service with the key aim of promoting full sustained recovery through self-care, continuous reduction in illicit and prescribed drug use and abstinence. The Provider will therefore be expected to work in close partnership to integrate drug and alcohol key work within other Local Authority delivered and commissioned services. This will enable residents to access support relevant to their individual and specific needs, rather than simply their drug and alcohol issue, and thus maximising their opportunity for positive outcomes and sustained recovery.

The Provider will be required to sign up to and adhere to relevant information sharing agreements and/or protocols and actively engage with local safeguarding departments and boards.

The transfer of the existing service users in treatment will take place on the 1st April 2022.

To facilitate a smooth transition between the existing and new contract it will be necessary for the incumbent Provider and new Provider to work collaboratively prior to the commencement date of the 1st of April 2022. These actions should be included in the provider's mobilisation plan which should detail actions from January 2022.